

Case Number:	CM14-0012217		
Date Assigned:	02/21/2014	Date of Injury:	01/07/2013
Decision Date:	08/05/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37-year-old female patient with a 1/7/13 date of injury. She injured herself due to a repetitive use of her hands and wrist. A progress report dated on 12/26/13 indicated that the patient had bilateral hand and wrist pain, describing it as sharp, stabbing and sore. She stated that her pain was -controlled with medication. Physical exam revealed tenderness (non-specified). She was diagnosed with carpal tunnel syndrome, and forearm joint pain. Her treatment to date is medication management and physical therapy. Physical therapy note dated 3/20/13 indicated that she was authorized for six physical therapy sessions. There is documentation of a previous 1/2/14 adverse determination, based on the fact that there was no documentation of objective improvement following physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OCCUPATIONAL THERAPY 8 VISITS, RIGHT HAND AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6: Pain, Suffering, and the

Restoration of Function, page 114 and Official Disability Guidelines (ODG), Carpal Tunnel Chapter, Physical Therapy Guidelines.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. MTUS Physical Medicine Guidelines allow for fading of treatment frequency. The Official Disability Guidelines (ODG) Physical Therapy Guidelines support 1-3 visits over 3-5 weeks. However, the patient was already authorized for six physical therapy sessions. The proposed number of physical therapy sessions in addition to the number of physical therapy session already authorized would exceed guidelines recommendations. There is no documentation of functional improvement from the prior physical therapy sessions to substantiate a request for more physical therapy. Therefore, the request for occupational therapy 8 visits, right hand and wrist was not medically necessary.