

Case Number:	CM14-0126565		
Date Assigned:	08/13/2014	Date of Injury:	08/02/2013
Decision Date:	12/12/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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:

The claimant is a represented [REDACTED] employee, who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of August 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; right carpal tunnel release surgery on December 3, 2013; and left carpal tunnel release surgery on February 20, 2014. In a Utilization Review Report dated August 4, 2014, the claims administrator denied a request for four sessions of occupational therapy, citing a paucity of supporting documentation. The claims administrator stated that the attending provider failed to fax a progress note documenting the applicant's clinical state. The claims administrator stated that the decision was based on a September 25, 2014 progress note and associated Request for Authorization (RFA) form. In a handwritten note dated September 23, 2014, the applicant reported severe hand pain, 7/10. It was stated that the applicant had completed 3 of 4 recent sessions of physical therapy. It was stated that the applicant was working as an accountant while taking some stretching breaks. The applicant apparently exhibited some locking and clicking about the right ring finger A1 pulley. A corticosteroid injection was administered to this region. A full range of motion was appreciated about the wrists despite some volar tenderness appreciated about both wrists. Work restrictions and four additional sessions of occupational therapy were endorsed. The applicant was apparently working on a part-time basis at a rate of four hours a day, four days a week, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2xwk x 2wks Right and Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

Decision rationale: The four-session course of treatment proposed is compatible with the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. The request, as written, does represent treatment at a reduced frequency and overall amount compatible with page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, which suggests that an attending provider fade the frequency of treatment over time. Here, the applicant does appear to have some residual impairment about the hand, wrist and finger. The applicant appears to have developed multiple trigger fingers following earlier left and right carpal release surgeries. The applicant has responded favorably to earlier physical therapy treatment as evinced by her successful return to part-time work as an accountant. The few additional sessions of treatment proposed by the attending provider, thus, can serve to facilitate the applicant's transition to a home exercise program and trial of regular duty work. Therefore, the request is medically necessary.