

Case Number:	CM14-0136616		
Date Assigned:	09/03/2014	Date of Injury:	01/09/2014
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 48-year-old female patient who sustained an industrial injury on 01/09/2014. Diagnoses include mononeuritis upper limb and mononeuritis multiplex, carpal tunnel syndrome, and sprain and strain unspecified site of hand. Previous treatment has included occupational therapy, acupuncture, activity modification, and medications. Multiple handwritten physician progress notes or provided for review, extremely limited in both legibility as well as information. On 07/16/14 subjective complaints were reported as patient continuing with occupational therapy and is 85-90 percent improved. Objective findings were noted as decreased tenderness to palpation and functional range of motion. Patient was to continue full duty. The treating provider requested occupational therapy 2 times per week 3 weeks for the right hand. On 07/24/14, a request for occupational therapy 23 to the right hand was non-certified with the reviewing physician noting that the claimant has been approved for 14 sessions of occupational therapy to date and additional occupational therapy would significantly exceed the guidelines and recommendations. Records indicated claimant was 85-90 percent improved with therapy provided to date and exam findings revealed full range of motion without any specific functional deficits documented that would require additional formal therapy beyond guidelines and recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 3 weeks, right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation

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

Decision rationale: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient's injury is chronic and the patient has previously been authorized for 14 sessions of occupational therapy as well as acupuncture. Most recent progress note dated 07/16/14 reported the patient to be 85-90% improved. Pain levels were not reported. Objective findings noted decreased tenderness to palpation and range of motion within normal limits. There are no objective functional deficits documented on examination that would require additional skilled supervised therapy. There is no rationale provided indicating why the patient needs to return to supervised therapy rather than a fully independent home exercise program. MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." As the patient has already exceeded guidelines and recommendations for quantity of therapy sessions and there are no significant remaining deficits identified on exam, the additional occupational therapy sessions 2 times per week for 3 weeks to the right hand are not medically necessary.