

Case Number:	CM14-0032263		
Date Assigned:	06/20/2014	Date of Injury:	03/22/2013
Decision Date:	08/11/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 55-year-old male who reported an injury on 03/22/2013 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 02/05/2014 for reports of bilateral wrist pain rated at 5/10 to 7/10. The patient also reported numbness and tingling. The exam noted tenderness at the base of the right wrist with painful range of motion in the right wrist. The diagnoses included right-sided carpal tunnel syndrome and right wrist sprain/strain. The treatment plan included a follow-up with a hand specialist, a wrist brace, medications, Menthoderm, and occupational therapy. The Request for Authorization dated 02/05/2014 was found in the documentation provided. The rationale for the request was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational therapy visits for the right wrist, 2 visits per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Guidelines may recommend therapy for restoring flexibility, strength, endurance, function, and range of motion. There is a significant lack of clinical evidence of quantified functional deficits to warrant physical therapy. There is also a significant lack of evidence of the efficacy of prior therapies. The Official Disability Guidelines further recommended up to a total of 1 to 3 visits over 3 to 5 weeks for the treatment of carpal tunnel syndrome. The request for 12 visits would exceed the recommended number of visits per the guidelines. Therefore, due to the significant lack of clinical evidence of quantified functional deficits to warrant occupational therapy and the request exceeding the number of visits recommended by the guidelines, therefore, the request for Twelve (12) Occupational therapy visits for the right wrist, 2 visits per week for 6 weeks is not medically necessary and appropriate.