

Case Number:	CM14-0045384		
Date Assigned:	06/27/2014	Date of Injury:	05/07/2013
Decision Date:	12/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 patient is a 58 year old female with an injury date of 05/07/13. The 11/22/13 progress report states that the patient presents with bilateral wrist pain. The patient feels she can no longer work at her regular job and reports show she is on modified work as of this date. Examination shows diffuse tenderness throughout the ulnar side of the wrists bilaterally right worse than left with decreased grip strength and excruciating numbness and tingling shooting down all fingers and both wrists. The patient's diagnoses include:1. Degenerative cervical disc disease.2. Right shoulder strain.3. Bilateral hand and wrist pain with possible ligament tears in the right wrist. The utilization review being challenged is dated 02/26/14. Reports were provided from 09/24/13 to 01/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Bilateral Wrists (2 times 6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 8, 98-99.

Decision rationale: The patient presents with bilateral wrist pain. The treater requests for Occupational Therapy Bilateral Wrists (2 times 6). The RFA provided is dated 04/01/14 which is post utilization review and the most recent report provided. MTUS guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. On 11/01/13 the treater states the patient has been referred for "more" therapy for both her wrists. The 11/20/13 therapy treatment report appears shows the patient completed 6 visits for therapy of her wrists following initial evaluation on 10/09/13. On 11/22/13 the treater states the patient is to continue physical therapy and that it has been authorized. In this case it appears the patient has completed at least 6 therapy visits for the wrists as of 11/20/13. It is not clear when the treater requested the 12 sessions under review and if the 6 sessions completed are part of this request or are additional sessions. In either case, the 12 visits requested by themselves or combined with the at least 6 sessions completed exceed the 8-10 visits allowed by MTUS. The treater does not discuss the reason for the request in the reports provided, and the patient's therapy history is not explained. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. The request is not medically necessary.