

Case Number:	CM14-0052941		
Date Assigned:	07/07/2014	Date of Injury:	09/18/2013
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in 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 56-year-old female who reported an injury on 09/18/2013 after her right foot got tangled in computer cords. On 12/18/2013, the injured worker underwent an MRI of the left wrist that revealed mild tendinosis without tenosynovitis. Prior treatments included a left wrist x-ray that was found to be negative, and occupational therapy visits that were requested but were never used. On 05/29/2014, it was noted that the injured worker's left wrist injury was improving with physical therapy. The physical examination of the left wrist revealed normal contour, there was tenderness on the dorsal ulnar side of the wrist and volar ulnar side of the wrist. There were no medications included for the injured worker. The diagnoses included status post knee surgery, left; rule out impingement of the left hip; and left wrist strain. There was no rationale provided. The request is for 6 initial occupational therapy sessions for the left hand/wrist, 6 visits in 1 week as an outpatient. The authorization for request was submitted on 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six initial occupational therapy for the left hand/wrist, 6 visits in one week as outpatient:
Upheld

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

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

Decision rationale: The request for 6 initial occupational therapy for the left hand/wrist, 6 visits in 1 week as outpatient is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that physical medicine provides short term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines also state that physical medicine treatment should allow for fading of treatment frequency from up to 3 visits per week to 1 or less for left hand/wrist, plus active self-directed home physical medicine. The request for 6 initial occupational therapy for the left hand/wrist, 6 visits in 1 week as outpatient will exceed the recommended amount of physical medicine for the left hand/wrist per the guidelines. Given the above, the request is deemed not medically necessary.