

Case Number:	CM14-0059591		
Date Assigned:	07/09/2014	Date of Injury:	09/01/2011
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 59-year-old female who reported an injury on 09/01/2011. The mechanism of injury was not provided. On 04/07/2014, the injured worker presented with wrist and hand pain. Upon examination of the right wrist, there was a well healed scar and tenderness to palpation over the right volar wrist. There was intact sensation and decreased grip strength with a negative Finkelstein bilaterally. There was a positive right sided Tinel's and a normal Phalen's test. Prior therapy included occupational therapy and medications. The diagnosis was right carpal tunnel syndrome. The provider recommended occupational therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of occupational therapy for the right wrist (2 x 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome.

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

Decision rationale: The request for 6 sessions of occupational therapy for the right wrist 2 times a week for 3 weeks is non-certified. The California MTUS states that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits over 4 weeks. There is lack of documentation indicating the injured worker's prior course of occupational therapy and the efficacy of the prior therapy. The amount of occupational therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home and there is no significant barrier to transitioning the injured worker to an independent home exercise program. As such, this request is not medically necessary.