

Case Number:	CM14-0060063		
Date Assigned:	07/09/2014	Date of Injury:	04/21/2011
Decision Date:	08/12/2014	UR Denial Date:	04/15/2014
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 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 50 year old female with date of injury 4/21/11. The treating physician report dated 2/24/14 was not included in the medical records provided and was reviewed in the utilization review report dated 4/15/14. The treating physician noted that the patient was scheduled for left carpal tunnel release surgery on 1/23/14, however the patient reported that she wanted to exhaust conservative treatment prior pursuing surgical intervention. It was noted that there was thenar weakness, positive Tinnel's sign and positive Phalen's maneuver. Request was made for 12 occupational therapy sessions along with 12 acupuncture sessions. Review of the Agreed Medical Evaluation report indicates the current diagnoses are cervical thoracic s/s, bilateral shoulder impingement, bilateral carpal tunnel syndrome, lumbosacral s/s, and bilateral plantar fasciitis. The utilization review report dated 4/15/14 denied the request for 12 occupational therapy sessions, twice a week for six weeks based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy twice a week for six weeks for the bilateral hands and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Carpal Tunnel Syndrome Chapter, Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) <Insert Page Number or Numbers>Occupational therapy (OT) pg 74See Physical medicine.Physical Medicine pg 98-99 Page(s): 74, 98-99.

Decision rationale: The MTUS guidelines state that for occupational therapy see physical medicine guidelines. MTUS supports occupational therapy 8-10 visits for myalgia and neuritis. The treating physician has not documented any rationale for Occupational Thereapy (OT) treatment above the recommendations allowed in the MTUS guidelines and there is no documentation of prior history of OT and the response from treatments performed. Therefore, the request for Occupational Therapy twice a week for six weeks for the bilateral hands and wrist is not medically necessary and appropriate.