

Case Number:	CM14-0061699		
Date Assigned:	07/09/2014	Date of Injury:	02/19/2002
Decision Date:	09/24/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Oklahoma. 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 61-year-old female who reported an injury on 02/19/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 01/08/2014 indicated diagnoses of bilateral tendonitis, bilateral carpal tunnel, and status post bilateral carpal tunnel release. The injured worker reported that she is having good and bad days. She reported the more she had to do, the more pain she had from her neck down both arms. The injured worker reported she had just had her second hand therapy session, with 10 more sessions. The injured worker reported she is having cramping and pain in her hands and was also getting acupuncture. She had 3 to 4 sessions so far. On physical examination, the injured worker had bilateral volar wrist tenderness and bilateral atrophy of the thenar eminences and bilateral tenderness at the proximal wrist extensor tendons at the elbow. The injured worker's treatment plan included continue Lexapro, awaiting new referral to cover psychiatrist and recheck in 6 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Lexapro. The provider submitted a request for occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT, 12 visits to bilateral wrist.: 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): 98.

Decision rationale: MTUS Guidelines state 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. The guidelines note 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 injured worker has had extensive physical therapy as well as occupational therapy. In addition, the amount of physical therapy and occupational therapy the injured worker has had, along with the efficacy of the therapy, is not indicated to warrant additional therapy. There is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the completed physical therapy should have been adequate to transfer the injured worker to a home exercise program where the injured worker can focus on range of motion, stretching, and strengthening. As such, the request is not medically necessary.