

Case Number:	CM14-0093580		
Date Assigned:	07/25/2014	Date of Injury:	09/17/2010
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 Management 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:

This is a patient with a date of injury of 9/17/10. A utilization review determination dated 6/10/14 recommends non-certification of 8 sessions of OT (occupational therapy). A 5/21/14 medical report identifies right elbow pain 5/10. On exam, there is tenderness over the lateral and medial epicondyles and olecranon process with painful elbow ROM (range of motion). There is positive right Phalen's and carpal tunnel compression test. There is triceps weakness 4/5 on the right and grip is also 4/5 on the right. There is hyperesthesia over the medial and lateral hand as well as the medial and lateral forearm on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Occupational Therapy to left hand/wrist as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: Regarding the request for 8 sessions of Occupational Therapy to left hand/wrist, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in

order to maintain improvement levels." Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement from any previous sessions and remaining deficits in the wrist and hand that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested 8 sessions of Occupational Therapy to left hand/wrist is not medically necessary.