

Case Number:	CM14-0097674		
Date Assigned:	07/25/2014	Date of Injury:	05/29/2012
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old female who reported an injury to both hands and wrists. The electrodiagnostic studies completed on 11/05/13 revealed a mild to moderate median neuropathy at the right wrist specifically at the carpal tunnel with ongoing denervation. No evidence of cervical radiculopathy, plexopathy or neuropathy were identified. The clinical note dated 11/13/13 indicates the injured worker complained of decreased sensation at the right thumb, index and long fingers as well as minimal loss of sensation at the right ring finger. The injured worker also reported occasional numbness in the left hand. The note indicates the injured worker having difficulty completing her activities of daily living (ADLs) on a regular basis. The injured worker rated the ongoing pain as 9/10 (Scale 0-10). The injured worker was able to demonstrate 40 degrees of right wrist flexion with 50 degrees on the left; 40 degrees of extension with 60 degrees on the left. The utilization review dated 06/05/14 resulted in a denial for a total of 18 sessions of occupational therapy for both hands as the injured worker had completed a full course of occupational therapy and had progressed to consideration of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy three (3) times a week for six (6) weeks to right hand/wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Physical/ Occupational therapy.

Decision rationale: The request for occupational therapy three times a week times six weeks to the right hand/wrist is not medically necessary. The documentation indicates the injured worker having previously undergone a full course of conservative therapy addressing the right wrist complaints. No information was submitted regarding the injured worker's objective functional improvement through the initial course of treatment. Additional therapy would be indicated provided the injured worker demonstrates significant functional improvement through the initial course of treatment. Additionally, given the completion of a full course of treatment, it would be reasonable to expect the injured worker to have progressed to a home exercise program. Given that no information was submitted regarding the injured worker's objective functional improvement through the initial course of therapy, this request is not indicated as medically necessary.