

Case Number:	CM14-0189368		
Date Assigned:	11/20/2014	Date of Injury:	08/23/2006
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 53 year old female who was injured at work on 08/23/2006. She is reported to be complaining of numbness of the hand. The physical examination revealed swelling of the left thumb, palmer thickening, and tenderness of the interphalangeal joints. The worker has been diagnosed of osteoarthritis of thumb IP joint; Early palmar fasciitis. Treatments have included left de Quervian's release on 06/ 11/2013, left carpal tunnel release 10/ 5/12; left wrist arthroscopy with synevectomy; several other surgical procedures; several post-operative therapies, Occupational therapy 2007, 14 Occupational therapy between 062014 and 10/2014. At dispute is the request for Additional occupational therapy, 2 times a week for 4 weeks to the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy, 2 times a week for 4 weeks to the left 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): 74, 98.

Decision rationale: The injured worker sustained a work related injury on 08/23/2006. The medical records provided indicate the diagnosis of osteoarthritis of thumb IP joint; Early palmar fasciitis. Treatments have included left de Quervian's release on 06/11/2013, left carpal tunnel release 10/5/12; left wrist arthroscopy with synovectomy; several other surgical procedures; several post-operative therapies, Occupational therapy 2007, 14 Occupational therapy between 06/2014 and 10/2014. The medical records provided for review do not indicate a medical necessity for additional occupational therapy, 2 times a week for 4 weeks to the left wrist. This is based on the fact that the MTUS recommends allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Since the injured worker had 14 sessions of occupational therapy between 06/2014 and 10/2014, it is not medically necessary and appropriate for additional occupational therapy for the left wrist.