

Case Number:	CM14-0205606		
Date Assigned:	12/17/2014	Date of Injury:	07/22/2014
Decision Date:	03/02/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41year old female with an injury date on 07/22/2014. Based on the 10/29/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Right TE. 2. Right CTS. 3. Right OA. 4. Left CTS According to this report, the patient complains of "right lateral elbow pain, thumb pain, hand numbness." Objective findings indicate "no changes in P.E." The treatment plan is to "Contin OT, Pt preferred." The patient's work status is to "return to modified work on 10/30/2014." The 10/07/2014 report indicates patient has pain from the "right hand radiating to the elbow. She described this as throbbing pain. Pain increases when brushing her teeth and rotation of the wrist. There is loss of grip strength and weakness." There were no other significant findings noted on this report. The utilization review denied the request for Occupational Therapy 2x4 Right Wrist on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/22/2014 to 10/29/20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x4 Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99; 8.

Decision rationale: According to the 10/29/2014 report, this patient presents with "right lateral elbow pain, thumb pain, hand numbness." The current request is for Occupational Therapy 2x4 Right Wrist. The Utilization Review denial letter states "this claimant has completed a course of 8 OT visits for this injury without much benefit." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. The treating physician does not discuss the patient's treatment history or the reasons why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. However, UR alludes that the patient has had completed 8 visits of OT; time frame of the completed visits is unknown. In this case, the requested 8 sessions combines with the 8 previous sessions completed exceed what is allowed by MTUS. Therefore, Occupational Therapy 2x4 to the right wrist is not medically necessary.