

Case Number:	CM14-0209826		
Date Assigned:	12/22/2014	Date of Injury:	09/01/2006
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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 & Rehabn

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 54 year old female with an injury date on 9/1/06. The patient complains of worsening left wrist pain per 8/7/14 report. The patient has been doing well with physical therapy program, but after returning to work on modified duty, the patient had to quit because of significant stress to the joint that was intolerable per 8/7/14 report. The patient's left hand/wrist has been improving due to physical therapy the last 2 months per 7/17/14 report. There is still residual swelling/stiffness/aching/and slight weakness per 7/17/14 report. Based on the 8/7/14 progress report provided by the treating physician, the diagnoses are:1. wrist s/s2. accident on industrial premises3. dislocation midcarpal openA physical exam on 8/7/14 showed "patient in significant distress. Left wrist joint more stiff compared with previous visit, as was the weakness of the left hand." The 6/17/14 report shows right wrist range of motion is limited, with all planes reduced by 5 degrees. The patient's treatment history includes medications, X-ray left wrist (intercarpal joint slight joint space widening), and physical therapy (beneficial). The treating physician is requesting occupational therapy evaluation/treatment 3x6 visits. The utilization review determination being challenged is dated 11/13/14 and modifies request to 9 sessions due to reinjury. The requesting physician provided treatment reports from 6/17/14 to 8/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy evaluation/treatment 3x6 visits: 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.

Decision rationale: This patient presents with left wrist pain. The treating physician has asked for Occupational therapy evaluation/treatment 3x6 visits but the requesting progress report is not included in the provided documentation. The patient had recent physical therapy of unspecified quantity of sessions, for a duration of 2 months prior to 7/17/14 report that gave patient enough improvement to go back to work on modified duty. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had recent sessions of physical therapy of unspecified quantity, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient was "doing well" in physical therapy which lasted for 2 months prior to 7/17/14 report. After returning to work on modified duty, the patient had a "lifting" reinjury at work per utilization review letter dated 11/13/14. While a course of 8-10 sessions would be reasonable for the patient's recent new injury, the requested 18 sessions exceed MTUS guidelines for this type of condition. The request is not medically necessary.