

Case Number:	CM14-0083153		
Date Assigned:	07/21/2014	Date of Injury:	10/27/2011
Decision Date:	04/03/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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: Emergency Medicine

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 64 year old female, who sustained an industrial injury on 10/27/2011. The diagnoses have included carpal tunnel syndrome, mononeuritis of upper limb, unspecified, and complete rupture of rotator cuff. Treatment to date has included surgical and conservative measures. The PR2 report, dated 5/15/2014, noted the injured worker's complaints of worsening numbness, tingling, and weakness of the right hand. She also reported right shoulder pain down to the arm. She reported cervical spine pain, with difficulty standing or sitting too long. The left hand discomfort was significantly improved after carpal tunnel release (1/25/2014), and therapy/rehabilitation (dates and results not specified). Exam of the right wrist showed decreased sensation to the medial nerve distribution, positive nerve compression test, and significant weakness of the right hand. The right shoulder showed parascapular muscle spasm and tenderness, significant stiffness, and decreased range of motion. Magnetic resonance imaging of the cervical spine was referenced as showing disc bulging at C3-4, C4-5, and C5-6. Magnetic resonance imaging of the lumbar spine was referenced as showing multi-level disc bulging with nerve root impingement. Current medications were not documented. On 5/29/2014, Utilization Review non-certified a request for 12 occupational therapy for the left wrist (3x week x4 weeks, as an outpatient), noting the lack of compliance with ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 occupational therapy for the left wrist 3 times a week for 4 weeks, as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

Decision rationale: The requested 12 occupational therapy for the left wrist 3 times a week for 4 weeks, as an outpatient, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has worsening numbness, tingling, and weakness of the right hand. She also reported right shoulder pain down to the arm. She reported cervical spine pain, with difficulty standing or sitting too long. The left hand discomfort was significantly improved after carpal tunnel release (1/25/2014), and therapy/rehabilitation (dates and results not specified). The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 occupational therapy for the left wrist 3 times a week for 4 weeks, as an outpatient is not medically necessary.