

Case Number:	CM15-0005065		
Date Assigned:	01/16/2015	Date of Injury:	09/04/2013
Decision Date:	04/01/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old male, with a reported date of injury of 09/04/2013. The diagnoses include left wrist synovitis/dorsal capsulitis and left scapholunate ligament tear, left de Quervain's stenosing tenosynovitis, and left carpal tunnel syndrome. Treatments have included left wrist arthroscopy with complete synovectomy, arthroscopic debridement of the left dorsal wrist capsule and partial scapholunate ligament tear on 08/04/2014; hand therapy; oral pain medication, a non-steroidal anti-inflammatory medication, and a corticosteroid injection to the left first dorsal compartment. The progress report dated 12/09/2014 indicates that the injured worker had ongoing progress with hand therapy. He complained of some increased pain in the radial aspect of his left wrist and thumb. The objective findings include slight tenderness over the left first dorsal compartment, positive Tinel's sign at the left carpal tunnel, and mild tenderness over the dorsal aspect of the left wrist with some pain in range of motion. The treating physician recommended the continuation of occupational therapy to work on stretching, modalities, and strengthening. On 01/01/2015, Utilization Review (UR) denied the request for twelve (12) occupational therapy sessions for the left wrist two (2) times a week for six (6) weeks. The UR physician noted that there was no documentation of any significant objective deficits that would suggest the injured worker was unable to participate in a self-directed home based exercise program. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 12 sessions, 2 times per week for 6 weeks, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant injured the left wrist and underwent arthroscopy in August 2013 following by hand therapy. In terms of therapy treatments, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, additional occupational therapy was not medically necessary.