

Case Number:	CM15-0007350		
Date Assigned:	01/26/2015	Date of Injury:	10/12/2011
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53-year-old police officer reported neck, back, shoulder and wrist injuries due to repetitive activities performed during the usual course of her duties, with date of injury 10/12/2011. Diagnoses have included carpal tunnel syndrome and chronic pain syndrome, brachial neuritis/radiculitis, complex regional pain syndrome of the right hand and wrist, left shoulder synovitis, rotator cuff tendinitis, cervical spine degenerative disc disease with spondylolisthesis and lumbar spine degenerative disc disease with spondylolisthesis. Treatment to date has included right carpal tunnel release and trigger finger release on 7/19/14, occupational therapy, home exercise, multiple stellate ganglion blocks and median nerve hydrodissection procedures, and medications. She apparently worked up to the time of her carpal tunnel release on 7/19/14, and has been at temporary total disability every since. As of 12/17/14, the patient's complaints included pain and numbness in the right middle and ring fingers, with inability to grip fully. Documented exam findings included improved Range of Motion (ROM) in digits, particularly index and middle fingers, however, still unable to make a full grip, and decreased sensation in third digit. Plan included updating Magnetic Resonance Imaging (MRI), possible cervical steroid injections, and continued occupational therapy for the hand. Multiple occupational therapy treatment notes submitted for review. On 1/7/2015 Utilization Review non-certified twelve (12) occupational therapy sessions for right wrist, noting the prior number of certified occupational sessions and current number of treatments used. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Occupational Therapy for Right Wrist (Align Networks) between 12/17/2014 and 4/2/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, page 9; and Physical Medicine, pages 98-99 Page(s): 9, 88-89.

Decision rationale: According to the first citation above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second citation states that passive therapy is for early phase of treatment. Active therapy recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, a maximum of 8-10 visits over 4 weeks is recommended for neuralgia, neuritis and radiculitis, and a maximum of 26 visits over 16 weeks is recommended for RSD (reflex sympathetic dystrophy, also known as complex regional pain syndrome). The clinical documentation in this case does not support the provision of additional physical therapy to this patient. This patient has already had 40 occupational therapy visits and should have made a transition to home therapy. These sessions did not result in any functional recovery. She has not returned to work in any capacity. Although the patient remains unable to fully make a fist, this is not documented as a goal by the provider, nor has he documented why this or other goals could not be achieved with home exercise rather than by continued formal occupational therapy. Based on the MTUS citations above and on the clinical documentation provided for my review, 12 additional sessions of occupational therapy for the right wrist are not medically necessary because the patient demonstrated no functional recovery with extensive previous therapy, and because her provider has not outlined any goals that could not be accomplished by home exercise therapy.