

Case Number:	CM15-0103941		
Date Assigned:	06/08/2015	Date of Injury:	12/11/2014
Decision Date:	07/08/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 39 year old female sustained an industrial injury on 12/11/14. She subsequently reported bilateral wrist pain. Diagnoses include bilateral carpal tunnel syndrome. Treatments to date include x-ray testing, work restrictions, physical therapy, use of wrist brace and prescription pain medications. The injured worker continues to experience pain in the right wrist. Upon examination, right wrist and hand range of motion is reduced, there is significant guarding of the right upper extremity present, pt is reluctant to move the arm. Forearm and intrinsic muscle atrophy is present. A request for 12 Occupational therapy visits for the right wrist was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational therapy visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 occupational therapy sessions to the right wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; status post right carpal tunnel release and flexor synovectomy. Status post surgery #1 the injured worker was approved for 12 occupational therapy sessions. The injured worker was unable to complete the exercises during the physical therapy sessions. The injured worker saw the treating surgeon in follow-up and took the injured worker back to the operating room to explore the wrist and ulnar nerve. On May 13, 2015, the splint and dressing were removed (after the second surgery). The treating provider requested 12 occupational therapy sessions. A six visit clinical trial is indicated prior to continuing with additional physical therapy. The treating provider exceeded the recommended guidelines (first explicit clinical trial) by requesting 12 occupational therapy sessions. Consequently, absent clinical documentation of a six visit clinical trial with objective functional improvement prior to proceeding with an additional six occupational therapy sessions (12 total occupational therapy sessions), 12 occupational therapy sessions to the right wrist is not medically necessary.