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| Case Number: | CM15-0130472 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 06/26/2003 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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

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 53-year-old male, who sustained an industrial injury on 6/26/2003. He reported cumulative injury to the left thumb and developed to include the left hand, shoulder, elbow and wrist. Diagnoses include left arm pain, wrist pain, hand pain, forearm tendonitis, mild ulnar, and median neuropathy. Treatments to date include rest, Norco, and occupational therapy. Currently, he complained of burning, sore, stabbing pain to the left arm, wrist and hand. On 5/26/15, the physical examination documented hypersensitivity to touch throughout the left wrist. The plan of care included twelve occupational therapy sessions twice a week for six weeks for left arm, wrist, hand and fingers.

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 2 x per week x 6 weeks for left arm, wrist, hand and fingers: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational therapy (OT) Physical Medicine Page(s): 74, 98-99.

Decision rationale: The patient presents with diagnoses that include left arm pain, wrist pain, hand pain, forearm tendonitis, mild ulnar, and median neuropathy. Currently the patient complains of burning, sore, stabbing pain to the left arm, wrist and hand. The current request is for 12 sessions of occupational therapy 2 x per week x 6 weeks for left arm, wrist, hand and fingers. The treating physician states in his 5/26/15 (45B) treating report, "At this time, I will have the patient continue with occupational therapy for another month. Plan is to see him back in a month after continuing occupational therapy. If it does not show significant alleviation of symptoms, we will consider a repeat nerve conduction study." MTUS guidelines state that for occupational therapy see Physical Medicine Guidelines. MTUS Physical Medicine Guidelines support occupational therapy 8-10 visits for myalgia and neuritis. In this case, the clinical history does not document the number of occupational therapy treatment visits the patient has had. Additionally, the treating physician has not documented any rationale for occupational therapy treatment above the recommendations allowed by MTUS guidelines. Finally, there is no documentation of prior history of occupational therapy and the response(s) from treatments performed. The current request is not medically necessary.