

Case Number:	CM15-0132300		
Date Assigned:	07/20/2015	Date of Injury:	06/25/2013
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year female old who sustained an industrial injury on 6-25-13. Diagnoses are chronic left wrist, thumb pain status post left ulnar release 12-30-13 and status post left thumb surgery 3-18-14, status post surgical revision of the elbow and wrist left side 3-18-15, and inconsistent urine drug screen and inconsistent CURES report. In a primary treating physician's progress report dated 6-2-15, the physician notes ongoing left wrist and forearm pain. She continues to be temporarily totally disabled through 7-2-15 and then beginning 7-3-15, modified duty with limited use of the left upper extremity. Current medications are asthma medications and Norco. Medication allergies noted are Tramadol and Effexor. The plan is to stop the Norco from this office and continue Gabapentin. In a 5-29-15 orthopedic consultation note, the physician reports slow progress and that she is still having a lot of pain and discomfort. The scars are healing but they are all a little hypersensitive. The plan is to refer to hand therapy for some assistance with desensitization and other modalities. The injured worker reports there is no modified work available. Work restrictions are noted and no forceful grip. The requested treatment is occupational therapy 2 times a week for 6 weeks for the left elbow, left wrist and left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times per week for 6 weeks for the left elbow, left wrist and left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22 and 16.

Decision rationale: Occupational therapy 2 times per week for 6 weeks for the left elbow, left wrist and left hand is not medically necessary per the MTUS Guidelines as written. Per MTUS the patient may have up to 20 visits postoperative for this procedure. The patient has had 12 post operative therapy sessions. The request for 12 more sessions exceeds this number and there are no extenuating factors which necessitate exceeding MTUS guidelines therefore this request is not medically necessary.