

Case Number:	CM15-0162970		
Date Assigned:	08/31/2015	Date of Injury:	01/14/2014
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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 57 year old who sustained an industrial injury on 01-14-2014. Mechanism of injury was not found in documents presented for review. Diagnoses include right hand pain, carpal tunnel syndrome-status post release on 03-03-2015, neck pain and right hand weakness. Treatment to date has included diagnostic studies, medications, status post carpal tunnel release at the right wrist on 03-03-2015, and physical therapy. An Electromyography and Nerve Conduction Velocity done on 05-04-2015 revealed improved in median sensory amplitude and there is no evidence of ulnar nerve injury across the right wrist. A physician progress note dated 07-13-2015 documents the injured worker continues to have right wrist pain and numbness around the scar and that the pain radiates up to the elbow and into her shoulder. The pain radiates into her head and neck. She complains that her hand gets discolored and swells occasionally. Extension and rotation of her neck causes more pain. Her range of motion of the hand is almost full. There is slight discoloration present. The treatment plan includes a physician referral, starting on a compounded cream for the neuropathic pain, a trial of diagnostic stellate ganglion blocks, and rule out complex regional pain syndrome. Treatment requested is for Occupational Therapy x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional occupational therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of occupational therapy. ODG recommends a trial of occupational therapy. If the trial of occupational therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior 12 PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional occupational therapy is not medically necessary.