

Case Number:	CM15-0181272		
Date Assigned:	09/22/2015	Date of Injury:	03/18/2009
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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: Pennsylvania, Ohio, California
 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 38 year old male, who sustained an industrial injury on 03-18-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right forearm tendinitis, and trapezial and paracervical strain. Progress report, date 08-20-2015, indicates increased pain and weakness to the right elbow and hand resulting from a recent flare-up 2 weeks. Previous exam was 6.5 months earlier on 02-03-2015. Pain levels were not mentioned. Records also indicate no changes in activity or functioning. Per the treating physician's progress report (PR), the IW was placed on restrictions; however, work status was not indicated. The physical exam, dated 08-20-2015, revealed slight trapezial and paracervical tenderness on the right, tenderness over the flexor pronator origin at the right elbow, and mild volar forearm tenderness on the right. Relevant treatments have included excision of Dupuytren cord and plantar fasciotomy of the right hand, right long-finger and ring finger trigger releases, 4 sessions (12 approved) of occupational therapy (OT), work restrictions, and medications. The request for authorization (date) shows that the following medications/services were requested: 12 additional session of occupational therapy to the right upper extremity (2x6). The original utilization review (09-01-2015) partially approved the request for 12 additional session of occupational therapy to the right upper extremity (approving 6 sessions and non-certifying 6 sessions) with further certification of remaining 6 sessions based on functional improvement and benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional occupational therapy to the right upper extremity (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical or occupational therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.