

Case Number:	CM15-0182229		
Date Assigned:	09/23/2015	Date of Injury:	04/06/2015
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of April 6, 2015. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for 12 sessions of occupational therapy for the wrist. The claims administrator referenced an RFA form received on August 31, 2015 in its determination. The claims administrator stated that the applicant had undergone a right carpal tunnel release surgery on July 28, 2015. The claims administrator contended that the applicant had received approval for six sessions of therapy through the date of request. The applicant's attorney subsequently appealed. On an August 27, 2015 occupational therapy progress note, it was stated that the applicant had completed six sessions of occupational therapy through this point in time. The applicant still had weakness about the ring and small fingers, difficulty gripping and grasping was reported in some sections of the note. The applicant was unable to squeeze to perform grip-strength testing. On an RFA form dated August 12, 2015, 12 additional sessions of hand therapy were sought. On a medical progress note dated August 5, 2015, the applicant reported persistent complaints of numbness about the right hand status post right carpal tunnel release surgery on July 28, 2015. The applicant also had issues with neck pain and shoulder pain present. The applicant was placed off of work, on total temporary disability, while 12 sessions of hand therapy were sought.

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 (12 sessions) for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: No, the request for 12 sessions of occupational therapy for the wrist was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 3-8 session course suggested in the MTUS Postsurgical Treatment Guidelines following carpal tunnel release surgery, as seemingly transpired here. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c4b further stipulates that a postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine in applicants or cases where no functional improvement is demonstrated. Here, the applicant remained off of work, on total temporary disability, despite receipt of six prior sessions of hand therapy. An occupational therapy progress note of August 27, 2015 suggested that the applicant still had difficulty performing activities of daily living as basic as gripping, grasping, and lifting, despite receipt of six prior treatments. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit in terms of the functional improvement measures established in MTUS 9792.20e following receipt of six prior sessions of occupational therapy. Therefore, the request for additional occupational therapy was not medically necessary.