

Case Number:	CM15-0183420		
Date Assigned:	09/24/2015	Date of Injury:	01/09/2015
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 37-year-old who has filed a claim for wrist pain reportedly associated with an industrial injury of January 9, 2015. In a utilization review report dated September 8, 2015, the claims administrator failed to approve a request for 10 sessions of occupational therapy for the hand. The claims administrator referenced an August 4, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated September 10, 2015, the applicant reported ongoing complaints of hand and wrist pain. The applicant was not working. The applicant was placed off work, on total temporary disability, four to six weeks. Wrist MRI imaging and occupational therapy were sought. On August 4, 2015, the applicant apparently transferred care to a new primary treating provider (PTP). Her former employer effective March 24, 2015, it was acknowledged had laid off the applicant. The applicant exhibited tenderness about the triangular fibrocartilage region with full wrist range of motion. The applicant was placed off work, on total temporary disability, while 10 sessions of occupational therapy were sought. Overall commentary was sparse. It was not clearly stated how much prior treatment the applicant had had. On March 10, 2015, the applicant consulted a hand surgeon and was described as having had prior physical therapy, seemingly without profit. The applicant was given a diagnosis of triangular fibrocartilage tear. MR arthrography of the wrist, additional physical therapy, Lodine, and splinting were endorsed at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for the left wrist, twice a week, for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for 10 sessions of occupational therapy for the wrist was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability, it was reported on the August 4, 2015 office visit at issue. The applicant had had prior unspecified amounts of occupational therapy over the course of the claim, it was acknowledged as early as March 10, 2015. The fact that the applicant remained off work, despite receipt of the same, strongly suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.