

Case Number:	CM15-0189800		
Date Assigned:	10/02/2015	Date of Injury:	03/11/2015
Decision Date:	11/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 47-year-old male who sustained an industrial injury on 3-11-2015. Diagnoses have included right carpal tunnel syndrome, right volar wrist ganglion, and right wrist flexor tenosynovitis. A "Normal" electrodiagnostic study of the right upper limb was performed on 7-14-2015. Treatment has included "two courses" of occupational therapy for his right shoulder, with a note dated 6-26-2015 that he had completed 19 visits and that he felt "a lot better," but his right wrist continued to hurt "especially towards the end of the work day," and he wished to pursue therapy for his right wrist. An 8-13-2015 progress report states that he was reporting volar wrist pain 2 out of 5 with "normal" motor sensory examination of the upper right extremity. The physician observed no tenderness over wrist flexor tendons, no pain with resisted active flexion, palpable mass, negative Tinel's and Phalen's tests. The treating physician's plan of care includes 8 occupational visits for the right wrist for anti-inflammatory modalities and range of motion exercises, progressing to stretching and strengthening, then to a home exercise program. This was denied on 8-17-2015. The injured worker presently has work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Occupational Therapy Treatments: 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): Physical Medicine.

Decision rationale: The patient presents on 08/13/15 with right shoulder pain rated 1/5, and volar wrist pain rated 2/5. The patient's date of injury is 03/11/115. The request is for 8 occupational therapy treatments. The RFA is dated 08/20/15. Physical examination dated 08/13/15 is unremarkable. The patient's current medication regimen is not provided. Patient is currently classified as temporarily partially disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 8 sessions of occupational therapy for this patient's hand/wrist complaint, the requesting physician has exceeded guideline recommendations. Per supplemental appeal letter dated 08/19/15, the provider states: "██████████ stated the patient had only completed 5 out of 12 visits and therefore would not authorize any further therapy. The patient has now completed the 12 visits with improvement in pain, motion and function. He would benefit from 8 more visits requested for right wrist flexor tenosynovitis. The request was submitted prior to the end of his treatment to avoid a lapse in his therapy." While the provider feels as though additional OT for this patient's wrists is necessary, the most recent progress note dated 08/13/15 includes subjective complaints of wrist pain, but the examination findings are unremarkable and not suggestive of continued significant pathology. No rationale is provided as to why this patient is unable to transition to a home-based or self-directed physical therapy regimen, either. Therefore, the request is not medically necessary.