

Case Number:	CM15-0195736		
Date Assigned:	10/09/2015	Date of Injury:	12/30/2013
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 44-year-old male with a date of industrial injury 12-30-2013. The medical records indicated the injured worker (IW) was treated for left hand and wrist pain due to overuse or compensatory problems. In the progress notes (7-15-15, 8-26-15), the IW reported left wrist pain rated 2 to 3 out of 10. He stated he got better with therapy. There was no examination of the left hand or wrist documented on those dates. On examination (6-10-15 notes), there was general left wrist pain, worse with movement or use. Treatments included hand therapy (with benefit) and medications (Norco, Cymbalta, Gabapentin, Lidocaine gel, Ibuprofen and Lyrica). The records indicated at least 12 sessions of occupational therapy were authorized, but it was unclear how many sessions were completed and the functional improvement attained. The IW was temporarily totally disabled. A Request for Authorization was received for occupational therapy, twice weekly for six weeks for the left wrist per 08/26/15 order. The Utilization Review on 9-29-15 modified the request for occupational therapy, twice weekly for six weeks for the left wrist per 08/26/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, Twice Weekly for 6 Weeks, Left Wrist: Upheld

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

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

Decision rationale: Occupational therapy, twice weekly for 6 Weeks, left wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior therapy for this condition but it is unclear how many sessions and objective functional improvement from these sessions. The documentation indicates that there were at least 12 therapy sessions. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would further exceed MTUS recommended number of visits for this condition therefore this request is not medically necessary.