

Case Number:	CM15-0197452		
Date Assigned:	10/12/2015	Date of Injury:	03/04/2014
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/07/2015

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:

The injured worker is a 42 year old male who sustained an industrial injury on 3-4-14. The injured worker reported right hand pain. A review of the medical records indicates that the injured worker is undergoing treatments for right carpometacarpal joint, right hand tenosynovitis and right hand joint pain. Medical records dated 9-2-15 indicate right hand pain rated at 5 out of 10. Provider documentation dated 9-2-15 noted the work status as remain off work until 10-17-15. Treatment has included Norco since at least February of 2015, Gabapentin since at least February of 2015, Voltaren since at least May of 2015, topical compounds since at least February of 2015, injection therapy, nerve conduction velocity study (2-26-15), magnetic resonance imaging, at least 19 sessions of hand therapy. Objective findings dated 9-2-15 were notable for right hand with tenderness to the dorsum and decreased grip and sensation to right upper extremity. The original utilization review (9-14-15) denied a request for Occupational therapy 2x6 for right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x6 for right hand: 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 2 x 6 for right hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior OT sessions the patient has had for the right hand or the outcome of her prior hand OT. Furthermore, this request exceeds the recommended number of MTUS PT visits for this condition. The request for occupational therapy for the right hand is not medically necessary.