

Case Number:	CM15-0199314		
Date Assigned:	10/13/2015	Date of Injury:	08/28/2014
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii
 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 64 year old male, who sustained an industrial injury on 8-8-2014. The injured worker is undergoing treatment for right wrist arthritis. On 7-22-2015, he reported pain to the neck, tingling and numbness to the tips of all fingers on the right, left shoulder pain, and intermittent right wrist pain with weakness in gripping and squeezing. He indicated having problems showering, toileting, dressing, and lifting anything heavier than 10 pounds. Physical examination revealed decreased neck range of motion, negative spurling's test, palpable spasm in the bilateral trapezius and levator scapulae muscles, decreased grip strength, decreased pinch strength, decreased left shoulder range of motion, positive neer, hawkin's, supraspinatus, empty can, and apprehension testing on the left shoulder, decreased right wrist range of motion, positive tinell's median nerve and phalen's on the right, and atrophy of the right palm. The treatment and diagnostic testing to date has included: history of closed reduction of left shoulder (1998); right wrist surgery (11-20-14). Medications have included: noted to be taking for hypercholesterolemia, no other medications indicated. Current work status: not working. The request for authorization is for: occupational therapy two times weekly for 6 weeks for the right hand and wrist. The UR dated 9-30-2015: non-certified the request for occupational therapy two times weekly for 6 weeks for the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks for the right hand and 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: The patient presents with intermittent right wrist pain with significant weakness with gripping and squeezing as well as holding objects. The current request is for 12 sessions of occupational therapy for the right hand and wrist. The patient is postoperative right wrist surgery on 11/20/14, which decreased his pain, but his function is still not good and his wrist continues to be weak. Per the UR dated 9/30/16 (109B) the patient has completed at least 36 sessions of physical therapy/occupational therapy. The treating physician states on 7/22/15 (125B). It is requested that he begin a more aggressive course of physical therapy treatment for the right wrist. MTUS guidelines indicate that Physical Therapy/Occupational Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of therapy." The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of OT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional occupational therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.