

Case Number:	CM15-0200092		
Date Assigned:	10/15/2015	Date of Injury:	04/07/2014
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/12/2015

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 30 year old female, who sustained an industrial injury on 04-07-2014. She has reported injury to the right wrist-hand. The diagnoses have included carpal tunnel syndrome; status post right wrist endoscopic carpal tunnel release, on 10-23-2014; and myalgia and myositis, unspecified. Treatment to date has included medications, diagnostics, bracing, acupuncture, physical therapy, and surgical intervention. Medications have included Tramadol, Gabapentin, and Methoderm. A progress report from the treating physician, dated 09-08-2015, documented an evaluation with the injured worker. The injured worker reported pain in the right hand-wrist-elbow is getting worse and radiating up to the right shoulder and neck area; the pain is associated with numbness and tingling in the arms and hands and weakness in the hands; the pain is constant and severe; she rates the severity of the pain as 10 out of 10, but as 5 at its best and 10 at its worst; the pain decreases with relaxing; she takes Tramadol one-half per day with benefits; she is wearing wrist brace with benefits; the acupuncture only helped a short time; the physical therapy helped more; and she is requesting occupational therapy as before. Objective findings included she is alert and oriented; she appears in pain; she is unable to don and doff her shoes independently; and she is unable to transfer on and off the examination table independently. The treatment plan has included the request for occupational therapy, 6 sessions, once per week for 6 weeks. The original utilization review, dated 09-18-2015, non-certified the request for occupational therapy, 6 sessions, once per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 6 sessions, once per week for 6 weeks: 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 worsening pain in the right hand, wrist and elbow radiating up to the right shoulder and neck area that is associated with numbness and tingling in the arms and hands and weakness in the hands. The current request is for 6 sessions of Occupational therapy. The patient is status post right hand carpal tunnel surgery on 10/23/14. The patient completed 12 post-operative physical therapy sessions. The treating physician requests on 9/8/15 (37B) OT for R hand as before, additional 6 sessions, once per week for 6 weeks. 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 therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.