

Case Number:	CM15-0203761		
Date Assigned:	11/20/2015	Date of Injury:	09/07/2012
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/16/2015

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: Emergency 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 63 year old male who sustained an industrial injury 09-12-12. A review of the medical records reveals the injured worker is undergoing treatment for bilateral deconditioning, chronic wrist pain and bilateral arm pain. Medical records (09-15-15) reveal the injured worker complains of long history of bilateral forearm and hand pain. The physical exam (09-15-15) reveals bilateral forearm tenderness and intrinsic tenderness. He has full active and passive range of motion and symmetric grip strength. Prior treatment includes a carpal tunnel injection. The original utilization review (10-14-15) non certified the request for 12 sessions of occupational therapy to the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 6 - Bilateral 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 requested Occupational Therapy 2 x 6 - Bilateral Wrist, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has bilateral forearm and hand pain. The physical exam (09-15-15) reveals bilateral forearm tenderness and intrinsic tenderness. He has full active and passive range of motion and symmetric grip strength. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Occupational Therapy 2 x 6 - Bilateral Wrist is not medically necessary.