

Case Number:	CM15-0204451		
Date Assigned:	10/21/2015	Date of Injury:	02/28/2014
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 44 year old, male who sustained a work related injury on 2-28-14. A review of the medical records shows he is being treated for right wrist-hand pain. In the progress notes dated 9-11-15, the injured worker reports right wrist constant pain. He rates his pain level an 8 out of 10. He reports the pain radiates down into the thumb, index, middle and ring finger and around the operative site. He reports tremors of the right thumb and index fingers. When he tries to grasp things, he gets a sharp pain in the wrist. He is unable to use his right hand when driving. He reports his hand is "aching too much" and is requesting pain medication. On physical exam dated 9-11-15, the numbness over the first dorsal compartment has improved to light touch with no dysesthesias or paresthesias. He has decreased right wrist range motion. Treatments have included 8 sessions of occupational therapy-grip strength is improving and his pain level has diminished significantly and home exercises. Current medications include Lisinopril and Metformin. He is not working. The treatment plan includes additional occupational therapy. In the Utilization Review dated 10-8-15, the requested treatment of additional occupational therapy 2 x 6 for the right wrist is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy two times a week for six weeks for the right 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: Based on the 9/11/15 progress report provided by the treating physician, this patient presents with constant right wrist/hand pain rated 8/10 radiating into the thumb, index, middle, and ring finger, and around operative site. The treater has asked for additional occupational therapy two times a week for six weeks for the right wrist on 9/11/15. The request for authorization was not included in provided reports. The patient is s/p 8 occupational therapy sessions which helped temporarily while doing therapy, but afterwards his pain returned to baseline per 9/11/15 report. However, the patient's previous neuroma-type pain appears to have improved since finishing occupational therapy per 9/11/15 report. His last physical therapy visit was on 9/4/15 per 9/11/15 report. The patient is s/p de Quervain's release from 6/26/14 per 9/11/15 report. The patient was wearing a brace as of 6/2/15 report. The patient is currently available for modified duty per 9/11/15 report, and last worked on 4/28/14 according to 6/2/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient is s/p 8 sessions of occupational therapy with temporary improvement. Per utilization review letter dated 10/8/15, the request for additional therapy is denied due to lack of permanent improvement from prior therapy. MTUS only allows for 8-10 sessions of physiotherapy in non-operative cases, and the treater's request for 12 additional sessions exceeds that request. Hence, the request is not medically necessary.