

Case Number:	CM15-0207499		
Date Assigned:	10/26/2015	Date of Injury:	07/02/2013
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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 59 year old female, who sustained an industrial injury on 8-22-03. The injured worker was diagnosed as having carpal tunnel syndrome; injury of flexor muscle, fascia, or tendon of finger at forearm level. Treatment to date has included physical therapy; occupational therapy; medications. Currently, the PR-2 notes dated 9-17-15 indicated the injured worker complains of having increased pain and soreness with intermittent numbness in multiple fingers. She reports, the right hand has soreness along the flexor tendons to the index and the long finger and aggravated with activities in general. She reports (occupational x13 treatments) therapy has helped in the past (7-30-14). In the left hand, she reports soreness along the long finger. This is at least moderate and she can't open jars. Objective findings noted by the provider are: "Palpation tenderness along the index and long finger right hand and long finger on the left hand. A therapy interim progress note was submitted dated 7-30-14 that noted 1 evaluation with 13 treatments were completed and the she made significant progress in the right wrist-had movements, muscle strength and dexterity. She was able to perform activities like opening bottles, write with a pen and hold grocery bags. She continued to experience discomfort with activities like holding a ream of paper, weight bearing, and activities involving resistive forearm movements like putting pots and pans away." A Request for Authorization is dated 10-21-15. A Utilization Review letter is dated 10-7-15 and non-certification for Occupational therapy for the bilateral upper extremity quantity 12. A request for authorization has been received for Occupational therapy for the bilateral upper extremity quantity of 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the bilateral upper extremity QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) and Forearm, Wrist and Hand procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with recent previous therapy now with an apparent flare-up; however, request for continued 12 therapy sessions is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of 12 therapy sessions for a flare-up with previous history of receiving extensive therapy of at least 14 sessions in July 2014 without extenuating circumstances established beyond the guidelines. The patient should have been previously instructed on an independent home exercise program. The Occupational therapy for the bilateral upper extremity QTY 12 is not medically necessary and appropriate.