MAXIMUS Federal Services

Case Number:	CM15-0207827		
Date Assigned:	10/26/2015	Date of Injury:	02/06/2015
Decision Date:	12/08/2015	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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 2-06-2015. The injured worker was diagnosed as having elbow, forearm, and wrist injury. Treatment to date has included non-steroidal anti-inflammatory drugs, acetaminophen, and occupational therapy sessions. Currently (9-28-2015), the injured worker complains of bilateral wrist-hand pain and discomfort, symptoms "stable and unchanged". She was currently working. Wrist and hand exam noted tenderness to palpation in both wrists, full range of motion, motor strength 4 of 5 (unchanged from 4-29-2015), and sensation within normal limits. Current medication regimen, if any, was not documented. Work status was full duty. The progress report dated 8-21-2015 noted that she "benefited from the occupational therapy sessions she had in the past", but did not specify the improvement. Attendance of 12 sessions was referenced in the progress report dated 7-02-2015 and 6 sessions in the progress report dated 8-21-2015. Therapy progress reports were not submitted. On 10-07-2015 Utilization Review non-certified a request for additional occupational therapy, 2x3, for the right and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2xwkx3wks for right and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 6 pages 113-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional occupational therapy two times per week times three weeks to the right and left wrists is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are tendinitis of the right and left wrists. Date of injury is February 6, 2015. Request for authorization is September 28, 2015. According to an August 21, 2015 progress note, the injured worker's subjective complaints are bilateral wrist and hand pain. Symptoms are unchanged. There is tingling. Medications include ibuprofen. The injured worker received six physical therapy visits would benefit. There are no physical therapy progress notes. The total number of physical therapy sessions dating back to February 2015 is not specified in the medical record. There is no documentation demonstrating objective functional improvement. Objectively, the right-hand shows decreased range of motion. Left hand shows decreased range of motion and tenderness. As noted above, the documentation does not demonstrate objective functional improvement to support additional physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the six prior physical therapy sessions and no compelling clinical facts indicating additional physical therapy is clinically indicated, additional occupational therapy two times per week times three weeks to the right and left wrists is not medically necessary.