

Case Number:	CM15-0021282		
Date Assigned:	02/10/2015	Date of Injury:	08/17/2011
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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 49 year old female, who sustained an industrial injury on August 17, 2011. The diagnoses have included bilateral thumb carpometacarpal osteoarthritis, De Quervain and bilateral carpal tunnel syndrome. Treatment to date has included medication, brace, left carpal tunnel release and diagnostic studies. Currently, the injured worker complains of continued thumb pain and reported that she could not do anything with her hand. She rated the pain 0-10 on a ten point scale with activity and had 15.4 cm of edema. She had a 30 percent functional use of her hand. On examination, she had 70 degree wrist flexion and 75 degrees wrist extension. Her grip strength was 47. On January 21, 2015 Utilization Review modified a request for eight sessions of occupational therapy for the bilateral wrist/thumb, noting that two visits were appropriate for instruction for a home exercise program. Physical Medicine Guidelines were cited. On February 3, 2015, the injured worker submitted an application for IMR for review of eight sessions of occupational therapy for the bilateral wrist/thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The 49 year old patient presents with continued left sided pain and numbness, and has been diagnosed with bilateral thumb carpometacarpal osteoarthritis, De Quervain's syndrome, and bilateral carpal tunnel syndrome, as per progress report dated 01/07/15. The request is for OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR WEEKS. There is no RFA for this case, and the patient's date of injury is 08/17/11. The patient is off work, as per progress report dated 01/07/15. MTUS, post-surgical guidelines page 16, recommends 3-8 visits over 3-5 weeks. The post-operative time frame is 3 months. The guidelines also state that "There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome)." MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The patient is status post left carpal tunnel release on 08/14/14. The patient has received several therapy sessions after the surgery, as per the PT reports available for review. However, there is no documentation of the duration and frequency. The treater does not discuss improvement in function or reduction in pain due to prior therapy. The current request is for 8 sessions of OT. The reports lack the information required to make a determination based MTUS. Hence, the request IS NOT medically necessary.