

Case Number:	CM15-0024505		
Date Assigned:	02/17/2015	Date of Injury:	07/28/2010
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 7/28/2010. The current diagnoses are arthritis of the hands and status post trapeziectomy, bilaterally (2/10/2012). Currently, the injured worker complains of bilateral hand pain. The quality of pain is described as constant aching. Associated symptoms include stiffness, weakness, locking, grinding, and dropping things unexpectedly. Current pain medications are Gabapentin, OxyContin, Norco, and Advil. Treatment to date has included medications, modified activities, therapy, and surgery. The treating physician is requesting 8 occupational therapy visits, which is now under review. On 1/29/2015, Utilization Review had non-certified a request for 8 occupational therapy visits. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 11/13/14) Physical/Occupational therapy ODG Physical/Occupational Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic bilateral hand pain. Treatments have included surgery, medications, and prior therapy. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.