

Case Number:	CM15-0026286		
Date Assigned:	02/18/2015	Date of Injury:	03/30/2013
Decision Date:	03/30/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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 an 80 year old male, who sustained an industrial injury reported on 3/30/2013. He has reported persistent pain in the right wrist, hand and right knee. The diagnoses were noted to have included carpal tunnel syndrome; right knee arthritis; right wrist fracture and post-traumatic arthritis. Treatments to date have included consultations; diagnostic imaging studies; electromyogram and nerve conduction studies (12/4/14); 6 occupational therapy visits for a fracture; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary. On 2/3/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/28/2015, for 12 additional occupational therapy visits, 2 x a week x 6 weeks (12 sessions), for the right wrist and right knee - to 9 sessions over 3 weeks, for neuropathy of the right wrist and right knee treatment. The Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and the Official Disability Guidelines, forearm/wrist & hand chapter, physical and occupational therapy 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 twice a week for six weeks for the right wrist and right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy twice a week for six weeks for the right wrist and right knee is not medically necessary and appropriate.