

Case Number:	CM15-0026420		
Date Assigned:	03/26/2015	Date of Injury:	05/06/2013
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 a work related injury on 5/6/13. The diagnosis has included right wrist strain and right sided carpal tunnel syndrome. Treatments to date have included medications including ibuprofen, wrist splint, TENS unit therapy and hand therapy. In the PR-2 dated 1/22/15, the injured worker complains of right wrist pain and 4th and 5th digit pain. She has a had a right sided carpal tunnel release surgery in the past. She rates this pain a 6/10. She states that sleeping at night is more tolerable. Right wrist range of motion is within normal limits. Tinel's sign is positive. Grip strength is diminished compared with the left side. The treatment plan is to continue hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right wrist (2 times per week for 3 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Hand and wrist chapter. Physical therapy section.

Decision rationale: ODG Physical/Occupational Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. 9 physical therapy visits over 8 weeks are allowable for sprains and strain of the wrist/hand. In this instance, the injured worker appeared to have completed 12/12 occupational therapy visits. Her pain had improved and she had returned to work. Her grip strength remained diminished on the right as of 10-14-2014. The agreed medical examiner felt that additional physical/occupational therapy visits (12) were appropriate per flare episode that he expected would occur twice yearly. The guidelines state that more therapy may be needed when grip strength remains an issue even when wrist range of motion has returned to normal. Therefore, an additional round of occupational therapy twice weekly for 3 weeks is medically necessary given the time that has elapsed since completion of her last round on 1-9-2015.