

Case Number:	CM15-0215434		
Date Assigned:	11/05/2015	Date of Injury:	12/09/2013
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand pain reportedly associated with an industrial injury of December 9, 2013. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve a request for 6 sessions of occupational therapy. The claims administrator contended that the applicant had undergone at least 18 documented occupational therapy treatments. The claims administrator also stated that the applicant had undergone earlier carpal tunnel syndrome on August 21, 2014. The claims administrator referenced an October 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 6, 2015, the applicant reported ongoing issues with wrist, hand, and thumb pain. The applicant was on Aleve, LidoPro, and Neurontin, the treating provider reported. The applicant had completed 6 recent sessions of physical therapy, the treating provider acknowledged. The applicant exhibited 4/5 right upper extremity strength versus 5/5 left upper extremity grip strength. Well-preserved strength was noted about the remainder of the upper extremities. Six additional sessions of occupational therapy were sought. The applicant was given a rather proscriptive limitation of "restricted completely from typing," effectively resulting in the applicant's removal from the workplace. On an earlier note dated August 28, 2015, the same, unchanged "restricted completely from typing" limitation was imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 occupational therapy visits for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

Decision rationale: No, the request for 6 sessions of occupational therapy for the hand was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (18 sessions, per the claims administrator), seemingly well in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuritis, i.e., the diagnosis present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, the treating provider acknowledged on the October 6, 2015 office visit at issue. Work restrictions imposed on that date were unchanged when contrasted against earlier limitations imposed on August 28, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications to include naproxen, topical LidoPro, Neurontin, the treating provider reported on both dates of service. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least 18 prior sessions of occupational therapy over the course of the claim. It did not appear likely that the applicant could stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.