

Case Number:	CM15-0221618		
Date Assigned:	11/17/2015	Date of Injury:	10/10/2011
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 50 year old female, who sustained an industrial injury on 10-10-2011. Diagnoses include cervical herniated nucleus pulposus, status post right rotator cuff repair, and bilateral carpal tunnel syndrome, bilateral epicondylitis, and cervical degenerative disc disease. Treatments to date include activity modification, cortisone injections to bilateral carpal tunnel, and at least 13 physical therapy sessions for the cervical and lumbar spine. On 10-7-15, she complained of increased cervical and lumbar muscle spasms and continued wrist weakness. The record noted decreased ability to perform activities of daily life (ADLs). The physical examination documented cervical tenderness with positive Spurling's maneuver on the left side with decreased range of motion and muscle spasms noted. The lumbar spine had tenderness with muscle spasm. Both wrists were noted to demonstrate decreased range of motion and decreased grip strength. The plan of care included twelve chiropractic sessions for the cervical and lumbar spines, twelve physical therapy sessions for cervical and lumbar spines and right shoulder, and twelve occupational therapy sessions for bilateral wrists. The appeal requested authorization for twelve (12) occupational therapy sessions for bilateral wrists. The Utilization Review dated 10-26-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy Visits for the Bilateral Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Physical/Occupational therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 week, Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks-Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Per the medical records submitted for review, per physical therapy report dated 10/7/15, the injured worker had completed 12 sessions of physical therapy. As the requested 12 sessions of OT is in excess of the guidelines recommendation, medical necessity cannot be affirmed. The request is not medically necessary.