

Case Number:	CM15-0032261		
Date Assigned:	02/25/2015	Date of Injury:	05/29/2012
Decision Date:	04/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

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 46 year old male who sustained a work related injury on May 29, 2012, when he was struck in the right upper extremity with a shuttle door injuring his right wrist, right shoulder and neck. He was diagnosed with bilateral carpal tunnel syndrome, right tenosynovitis, cervical arthritis and disc disease and radiculopathy, right acromioclavicular arthritis and strain. He underwent carpal tunnel surgery in March, 2014. Treatments included physical therapy and occupational therapy, and pain medications. Currently, the injured worker complained of persistent pain and weakness in the hands and wrists with occasional numbness and painful range of motion. On February 25, 2015, a request for a service of twelve occupational therapy sessions for the left hand between January 13, 2015 and February 27, 2015, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy sessions for the Left Hand: 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 Physical Medicine Page(s): 132-133.

Decision rationale: This patient has previously had physical therapy (24 sessions,) but now his physician is requesting an additional 12 sessions. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. The patient should continue to perform the exercises learned in therapy at home on his own. There is no compelling reason that has been presented why this patient needs an additional 12 sessions of therapy after he has already had 24 sessions - an excess of the guideline recommendations. The objective results/benefits of prior therapy sessions is also not discussed. Likewise, this request is not medically necessary.