

Case Number:	CM15-0034072		
Date Assigned:	03/02/2015	Date of Injury:	07/28/2012
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/24/2015

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 a 46-year-old female, who sustained an industrial injury on July 28, 2012. She has reported left hand pain. The diagnoses have included osteoarthritis of the hand. Treatment to date has included occupational therapy, hand surgery, and medications. Currently, the IW complains of wrist pain. Physical findings are noted as tenderness over the wrist. The 12 completed occupational therapy sessions are noted to give gradual improvement in adjunct with medications. The records indicate physical examination on January 22, 2015, is unchanged from the last visit. On February 16, 2015, Utilization Review non-certified additional outpatient occupational therapy, two times weekly for six weeks, for the left hand. The MTUS guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of additional outpatient occupational therapy, two times weekly for six weeks, for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 times a week for 6 weeks (12 sessions) to the left hand:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures physical medicine Page(s): 48, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 07/28/12 and presents with wrist pain. The request is for ADDITIONAL OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS (12 SESSIONS) TO THE LEFT HAND. The RFA is dated 02/09/15 and the patient is to return to modified work duty with no lifting above waist level of over 25 lbs and no pushing/pulling over 25 lbs. The patient is diagnosed with osteoarthritis of the hand. Treatment to date has included occupational therapy, hand surgery, and medications. The patient has had prior occupational therapy; however, there is no indication of how many sessions the patient had or how these sessions affected her pain and function. MTUS pages 98 and 99 has the following: "Physical medicine: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week or 1 or less), plus active self-directed home physical medicine." MTUS Guidelines pages 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the utilization review denial letter indicates that the patient has had prior physical therapy. However, there was no indication of how many sessions the patient had or when these sessions took place. There is no discussion provided as to how these sessions impacted the patient's pain and function. There is no indication as to why the patient is not able to establish a home exercise program to manage her pain. There is no mention of any recent surgery the patient may have had. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The requested occupational therapy IS NOT medically necessary.