

Case Number:	CM15-0034076		
Date Assigned:	03/02/2015	Date of Injury:	05/29/2013
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 37 year old female, who sustained an industrial injury on 5/29/13. She has reported left wrist injury. The diagnosis included carpal tunnel syndrome. Treatment to date has included Carpal tunnel release, TENS unit and occupational therapy. Currently, the injured worker complains of persistent swelling of left wrist. Physical exam dated 1/7/15 noted TENS unit was reducing the pain. On 2/9/15 Utilization Review non-certified of occupational therapy 2 times a week for 2 weeks then once a week for 2 weeks of left wrist, noting previously she has had at least 15 sessions and there is no documentation to indicate why she is unable to continue her rehabilitation on a home exercise program basis. The MTUS, ACOEM Guidelines, was cited. On 2/24/15, the injured worker submitted an application for IMR for review of occupational therapy 2 times a week for 2 weeks then once a week for 2 weeks of left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x 2 then 1 x 2 for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: This 37 year old female has complained of left wrist pain since date of injury 5/29/13. She has been treated with left wrist carpal tunnel release surgery, TENS unit and occupational therapy (15 sessions to date). Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, myalgia, neuritis as in this case. The patient had received 15 sessions of therapy at the time of date of request. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Occupational therapy 2 x 2 then 1 x 2 for the left wrist is not indicated as medically necessary.