

Case Number:	CM15-0041420		
Date Assigned:	03/11/2015	Date of Injury:	12/07/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 41-year-old female who sustained an industrial injury on 12/07/2013. She was lifting a heavy door without assistance and felt a sudden onset of pain involving the wrist, which compromised her grip on the door resulting in a secondary straining injury involving her neck. Treatment to date includes MRI of cervical spine, dexamethasone injection to right carpal tunnel and medications. Impression/diagnosis was right wrist strain with post injury carpal tunnel syndrome. She presented on 01/29/2015 with ongoing symptoms involving the right arm with tingling and numbness in the fingers of the hand that has gotten progressively worse. Tenderness was noted over the volar surface of the right wrist. A fixed sensory deficit was noted in the right hand. The plan of treatment included a request for occupational therapy 3 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine (9) sessions of occupational therapy 3 times a week for 3 weeks to right wrist: 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): 98-99.

Decision rationale: This patient receives treatment for chronic neck and right wrist pain. The date of the work-related injury is 12/07/2013. The working diagnoses include possible carpal tunnel syndrome and neck strain. The documentation does not mention what physical therapy or occupational therapy was previously tried and it failed since 2013. The documentation mentions numbness and tingling but does not connect this with a specific medical diagnosis. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of performing these exercises in the home. There are neither new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Physical therapy sessions are not medically necessary.