MAXIMUS Federal Services

Case Number:	CM15-0053781		
Date Assigned:	03/27/2015	Date of Injury:	02/19/2013
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 38-year-old male, with a reported date of injury of 02/19/2013. The diagnoses include left ulnar wrist laceration with hypertrophic scar and neuroma, and status post scar revision, neurolysis, and debridement. Treatments to date have included left wrist surgery, occupational therapy, oral medications, and a transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 02/18/2015 indicates that the injured worker complained of left wrist pain. He rated the pain 7 out of 10. He reported tenderness near the palm and he hesitates to touch it or use the wrist for fear of sharp pain. It was noted that the injured worker finished occupational therapy, and requested more. He was benefitting from occupational therapy. The objective findings include unchanged left wrist range of motion, slightly more stiffness with left wrist extension due to pain, less tenderness over the proximal portion of the scar, tenderness with light touch of the left wrist, and positive left ulnar nerve at the surgery site. The treating physician requested eight occupational therapy visits for the left hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional occupational therapy visits 2 times a week for 4 weeks for the left hand 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: The patient presents on 02/18/15 with left wrist pain rated 7/10 with associated left palm tenderness which is exacerbated by physical contact with objects/surfaces. Patient also reports new pain in the left ulnar forearm area. The patient's date of injury is 02/19/13. Patient is status post left wrist scar revision, neurolysis, and debridement on 06/06/14. The request is for 8 additional occupational therapy visits 2 times a week for 4 weeks for the left hand/wrist. The RFA is dated 03/02/15. Physical examination dated 02/18/15 reveals unchanged wrist range of motion with additional stiffness on extension compared with previous examinations, tenderness to palpation over the proximal and distal portions of the wrist scar, and positive Tinel's sign of the left ulnar nerve at surgical scar site. JAMAR testing reveals markedly decreased grip strength on the left compared with right. The patient is currently prescribed Vicoprofen. Diagnostic imaging was not included. Per 02/18/15 progress note, patient is advised to remain off work until 03/25/15. 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 regard to 8 additional sessions of occupational therapy for this patient's wrist complaint, the requesting provider has exceeded guideline recommendations. The documentation provided indicates that this patient has undergone at least 30 sessions of PT/OT following surgery with documented benefits, the last OT session taking place on 11/18/14. MTUS guidelines support such conservative therapies, though the number of sessions is generally capped at 8 to 10 visits. The requested 8 sessions in addition to the 30 already completed exceeds guideline recommendations and cannot be substantiated. No discussion is provided as to why this patient is unable to perform self-directed therapy at home. Therefore, the request is not medically necessary.