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| Case Number: | CM15-0056329 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 08/06/2014 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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: Texas, 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 45-year-old female, who sustained an industrial injury on 8/6/14. She reported pain and numbness in the left hand and wrist. The injured worker was diagnosed as having left carpal tunnel syndrome. Treatment to date has included left carpal tunnel injection, occupational therapy, EMG/NCV study on 9/5/14 that revealed CTS and pain medications. As of the PR2 dated 1/14/15, the injured worker reported being asymptomatic for one week after her left carpal tunnel injection on 12/17/14. The treatment plan includes continued occupational therapy and a left carpal tunnel release surgery. The treating physician requested occupational therapy for the left wrist. The patient had used splint for this injury. Patient has received 18 OT visits for this injury. Per the doctor's note dated 2/11/15 patient had complaints of left wrist pain. Physical examination of the left wrist revealed limited range of motion, tenderness on palpation and decreased strength and negative Tinel and Phalen test. The medication list include Lexapro, Zyrtec, Etodolac and Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 8 weeks for the left wrist: Upheld

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

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received 18 OT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified OT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous OT visits that is documented in the records provided. Previous OT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional OT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Occupational therapy 2 times a week for 8 weeks for the left wrist is not fully established for this patient.