

Case Number:	CM15-0060333		
Date Assigned:	04/06/2015	Date of Injury:	08/25/2008
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 8/25/2008. The current diagnosis is status post bilateral carpal tunnel release (20 Nov 2014). According to the progress report dated 2/6/2015, the injured worker complains of slight weakness and increased pain in her hands. The current medication list was not available for review. Treatment to date has included electrodiagnostic studies, occupational therapy (post surgical), and surgical intervention. The plan of care includes 6 occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x3 6 Visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): Part 1 pg 15, 18; Part 2 pg 98-9.

Decision rationale: Occupational Therapy (OT) is an interventional therapy, focusing on identifying and eliminating environmental barriers at work and/or home leading to increased independence and participation in daily activities. It uses assessment and treatment to develop, recover, or maintain the daily living and work skills of people with a physical, mental, or cognitive disorder. To do this it focuses on adapting the environment, modifying the task, teaching the skill, and educating the client/family in order to increase participation in and performance of daily activities, particularly those that are meaningful to the client. The MTUS notes limited evidence for the effectiveness of OT after forearm, wrist and hand surgeries but recommends physical medicine (including OT) in the acute period following surgery for up to 4 weeks and recommends physical medicine therapies for myalgia and myositis for 9-10 visits over 8 weeks. The frequency of therapy should allow for fading of treatment frequency from 3 visits per week to 1 or less per week. This patient has pain and weakness since carpal tunnel surgery over 3 months ago. Initial post-surgical OT was helpful but now she is having an exacerbation of her symptoms. Occupational therapy is an optional physical medicine therapy for her symptom exacerbation. By the MTUS guidelines the use of OT as a physical medicine treatment be for up to 10 treatments over 8 weeks. Medical necessity for the use of and the requested frequency and duration of occupational therapy has been established; the request is medically necessary.