

Case Number:	CM15-0088173		
Date Assigned:	05/12/2015	Date of Injury:	03/16/2014
Decision Date:	06/23/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/07/2015

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 65-year-old female, who sustained an industrial injury on 03/16/2014. She has reported subsequent bilateral wrist pain and was diagnosed with carpal tunnel syndrome, De Quervain's syndrome and tenosynovitis of the hand/wrist. Comorbid conditions include obesity (BMI 33.7). Treatment to date has included oral pain medication, surgery (8/11/2014) and physical therapy. In a progress note dated 03/20/2015, the injured worker complained of right wrist/hand/digit and left wrist and hand pain. Objective findings were notable for tenderness to the carpal canal on the left, positive Tinel's and Phalen's of the left wrist with diminished sensation in the left median nerve, and a positive De Quervain's (Finkelstein's) test on the right wrist. A request for authorization of 18 visits of occupational therapy of the right wrist for increased range of motion and strengthening was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 occupational therapy for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/hand & wrist>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-9, Chronic Pain Treatment Guidelines Physical Medicine, Part 1 page 15, 18; Part 2 page 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 (for carpal tunnel syndrome surgery it recommends 3-5 OT visits over the 4 weeks following the surgery then more as needed for the 3 months of post-surgery treatment). It also recommends physical medicine therapies (including OT) 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 is past the post-surgery period and has symptoms of myalgias and stiffness associated with the industrial injury to her wrists. Occupational therapy is an optional physical medicine therapy for this condition. By the MTUS guidelines, the necessity for use of OT has been established but the frequency and duration should be modified to correspond with the recommendations as noted above. Occupational therapy is not medically necessary.