MAXIMUS Federal Services

Case Number:	CM14-0125948		
Date Assigned:	08/13/2014	Date of Injury:	10/21/2005
Decision Date:	10/27/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 48-year-old female with a 10/21/05 date of injury. At the time (7/21/14) of Decision for Occupational Therapy 2x week for 6 weeks left hand and wrist, there is documentation of subjective (left hand and wrist pain) and objective (tenderness to palpitation over the mid dorsal aspect of the left wrist) findings, current diagnoses (left wrist sprain, degenerative arthritis of first metacarpotrapezial joint, and left thumb tenosynovitis), and treatment to date (1session of occupational therapy, physical therapy, and medications).

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 6 weeks left hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Occupational Therapy (OT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with

allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of occupational therapy for patients with a diagnosis of sprain/strain not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left wrist sprain, degenerative arthritis of first metacarpotrapezial joint, and left thumb tenosynovitis. In addition, there is documentation of 1 previous session of occupational therapy. However, the requested 2xweek for 6 weeks occupational therapy treatments exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Occupational Therapy 2xweek for 6 weeks left hand and wrist is not medically necessary.