

Case Number:	CM14-0126682		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 52-year-old female who reported an injury on 01/09/2013 after a forward fall. The injured worker reportedly sustained an injury to her right hand, right wrist, and right elbow. The injured worker's treatment history included surgical intervention for medial and lateral epicondylitis in 1992, right shoulder surgery in 2007 and 2008, physical therapy in 02/2013, the use of a TENS unit, and bracing. The injured worker was evaluated on 08/20/2014. It was documented that the injured worker had ongoing right upper extremity pain complaints. The injured worker's medications included Voltaren 1% gel, diazepam 10 mg, Dilaudid 8mg, Lidoderm 5% patch, and Norco 10/325 mg. Physical findings included 4/5 grip strength of the right hand with +4/5 motor strength of the right wrist flexor and extensor. The patient had decreased sensation to light touch over the right ring finger and little finger. The injured worker's diagnoses included wrist pain and medial epicondylitis. A request was made for occupational therapy of the right hand. However, it was noted within the documentation submitted that the injured worker had previously undergone physical therapy without significant benefit. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy right hand: 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 request for Occupational Therapy right hand is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for neuropathic, myofascial, and radicular pain. The clinical documentation submitted for review does indicate that the injured worker previously underwent physical therapy. It was noted that the injured worker did not have significant functional benefit from prior therapy. Therefore, it is unclear how additional therapy will contribute to the injured worker's functional restoration. Furthermore, the request as it is submitted does not clearly identify a duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested occupational therapy for the right hand is not medically necessary or appropriate.