

Case Number:	CM14-0214542		
Date Assigned:	01/07/2015	Date of Injury:	04/28/2014
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Physical Medicine & Rehabilitation

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 patient is a 51 year old female with an injury date of 04/28/14. Based on the 06/03/14 progress report, the patient complains of left wrist pain. The patient has been wearing the splint continually, and reports improvement in the symptoms with the splint on. The patient has significant pain in the dorsal central and dorsal ulnar wrist with the splint off. The patient also complains of mild discomfort in the base of the thumb. Examination of the left upper extremity shows limited and painful wrist motion. Direct palpation of the scapholunate interval produces pain and axial load and ulnar deviation produces pain. There is tenderness over triangular fibrocartilage complex. Mild pain is produced with manipulation of the metacarpal. Grip strength is diminished due to pain. The diagnosis is pain wrist. The treatment plan includes request MRI of left wrist and BMI counseling. The treating physician is requesting for occupational hand therapy X 12 visits for the right hand. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment report from 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy x 12 visits for the 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: This patient presents with left wrist pain. The request is for occupational hand therapy X 12 visits for the right hand. The utilization review letter states that the patient had 12 sessions of occupational therapy certified on 07/09/14 and denies the current request for not documenting whether or not the patient attended the prior certified therapy sessions. There is no evidence that this patient is post-op. Review of the reports show that the patient further received authorization for the occupational therapy 2x4 to address LEFT wrist/hand on 11/12/14. It is not known whether or not these treatments were completed. The report(s) containing current request for 12 sessions and any discussion regarding the patient's treatment history is/are missing. MTUS pages 98 and 99 states the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98 and 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient has received 12 sessions of occupational therapy certified on 07/09/14 for the right hand and 8 more sessions for the left wrist/hand on 11/12/14. The treating physician only provided one progress report dated 06/03/14 and there are no reports discussing the patient's treatments. It would appear though; that the patient has had adequate therapy thus far and the current request for additional 12 sessions of occupational therapy for the right hand exceeds what is allowed by MTUS. The request is not medically necessary.