

Case Number:	CM14-0217797		
Date Assigned:	01/07/2015	Date of Injury:	12/14/2010
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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:

This 53 year old female sustained work related industrial injuries on December 14, 2010. The mechanism of injury was not described. The injured worker was diagnosed and treated for bilateral tendinitis. Treatment consisted of prescribed medications, occupational therapy, consultations and periodic follow up visits. Per treating provider report dated December 4, 2014, the injured worker continued to complain of some pain and numbness in bilateral hands. Documentation noted it was improving with therapy. Physical exam revealed a positive Tinel's sign at the left carpal tunnel. The Halen's test was positive on the left hand and equivocal on the right. Documentation noted mild stiffness in the hand without triggering. The injured worker's diagnoses included status post right long trigger finger release on 7/17/2014, status post right carpal tunnel release with ulnar decompression at the wrist, status post left endoscopic carpal tunnel release and bilateral forearm tendinitis. The provider treatment plan was for the injured worker to continue with occupational therapy to work on stretching, modalities and strengthening. As of December 4, 2014, the injured worker remains on work restrictions. The treating physician prescribed services for occupational therapy 2wks x6wks now under review. On December 23, 2014, the Utilization Review (UR) evaluated the prescription for occupational therapy 2wks x6wks requested on December 9, 2014. Upon review of the clinical information, UR non-certified the request for occupational therapy 2wks x6wks, noting the lack of documented functional improvement from prior treatment, lack of rationale to support why home exercise would not be sufficient, and the requested amount of occupational therapy

exceeds the recommendations of the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient underwent right long finger trigger finger release surgery on 7/17/14. The MTUS postsurgical guidelines for Trigger finger surgery states the general course of care is 9 visits, and the Postsurgical physical medicine treatment period is 4 months. The request for occupational therapy 2x6 . The patient is outside the postsurgical physical medicine treatment timeframe, so the MTUS Chronic Pain Medical Treatment Guidelines apply. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for occupational therapy 2x6 will exceed the MTUS recommendations. The request for occupational therapy 2 times a week for 6 weeks IS NOT medically necessary.