MAXIMUS Federal Services

Case Number:	CM14-0218175		
Date Assigned:	01/07/2015	Date of Injury:	02/14/2010
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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, Pain Management

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 50 year old worker incurred an injury to the shoulder and wrist while doing patient care. She was assaulted by a patient under her care and the injury was sustained from being pulled down by the patient. On 07/28/2014, the IW had carpal tunnel release surgery. Occupational Therapy 12 sessions, right wrist for Carpal Tunnel was submitted was ordered one week post-surgery. She still complains of paresthesias in the right upper extremity. Over the life of the claim, the IW has received Carpal Tunnel surgery, and EMG/Nerve conduction studies. A MRI of the spine was requested 12/08/2014, but there is no report in the medical records. The last documentation of range of motion in the shoulder and wrist was on the provider's notes of 09/09/2014 where the shoulder and upper arm on the right had limited abduction, decreased forward flection and normal extension, adduction and internal/external rotation. Muscle strength was 4/5 in all muscle groups and there were positive impingement signs. The right wrist range of motion and sensation were normal. Her diagnoses included tendonitis/capsulitis of the shoulder and carpal tunnel syndrome. The plan at that time was to continue no use of the right arm and hand, follow-up in four weeks with the provider, and requesting the Future Medical Care/Qualified Medical examiner reports (which also were not included in this medical record. The IW was returned to modified work status. The IW has received 5 visits of Occupational therapy 09/29/2014 through 10/13/2014 for complaint of burning and throbbing and weakness in the wrist. On 12/09/2014, a request for authorization was submitted for Occupational Therapy 12 sessions, right wrist.The peer clinical reviewer reviewed the submitted 44 pages of medical records dated 03/16/2010 through 12/02/2014 and a Utilization Review (UR) decision

dated12/18/2014 and non-certified the request for Occupational Therapy 12 sessions, right wrist The principle reason given was that no objective findings were provided of evidence of range of motion, function, pain or prior therapies with quantifiable values. California Medical Treatment Utilization Schedule (CA MTUS) Physical Medicine Guidelines were cited as reference. An application for independent medical review was submitted for Occupational Therapy 12 sessions, right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY, 12 SESSIONS, RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99,Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This injured worker has carpal tunnel release surgery performed on 7/28/14. The Post-Surgical Treatment Guidelines of the MTUS, recommend 3-8 visits of physical therapy following the surgical treatment of CTS. The time course for this post-op rehabilitation is 3-5 weeks. In the case of this request, there is documentation that the patient has attended some physical therapy to date. This request for an addition al 12 session of occupation therapy is in excess of guidelines and is not felt to be medically necessary.