

Case Number:	CM15-0115005		
Date Assigned:	06/23/2015	Date of Injury:	03/28/2011
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 67 year old male who sustained a work related injury March 28, 2011. He fell through a roof and broke his fall with the right hand. The pain in the right wrist, elbow, and shoulder from a previous fall October 2010, worsened. Past history included right partial trapeziectomy and interposition arthroplasty to the base of the thumb. According to a treating physician's progress report dated April 17, 2015, the injured worker presented with complaints of a constant ache in the right forearm and elbow region with numbness to the thumb, index, long, and ring fingers. He also reports shaking of the right arm since surgery was performed. He wears a brace at night that has helped, but he wakes often due to numbness in his hand and pain. He reported partial relief of symptoms after an injection to the radial tunnel and another to the lateral epicondyle. Physical examination finds a carpal tunnel compression test and Phalen's does reproduce numbness and tingling. Thenar strength is diminished on the right compared to the left and there is tenderness to palpation at the radial tunnel. Assessment is documented as right moderate carpal tunnel syndrome; rule out right radial tunnel syndrome; right lateral epicondylitis and partial thickness tear, common extensor origin; right triangular fibrocartilage tear; shaking, right upper extremity, unclear etiology. Treatment plan included MRI of the brain and cervical spine, nighttime immobilization, neuropsychological evaluation and at issue, a request for authorization for occupational therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x4 week for the right wrist: 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: Occupational Therapy 2x4 week for the right wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a transition from supervised therapy to an independent home exercise program. The documentation is not clear on how many prior PT or OT sessions the patient has had; why he is unable to perform an independent home exercise program; and the outcome of his prior therapy. Without clarification of this information the request for additional physical therapy is not medically necessary.