MAXIMUS Federal Services

Case Number:	CM15-0118647		
Date Assigned:	06/26/2015	Date of Injury:	12/08/2010
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 71 year old female, who sustained an industrial injury on 12/08/2010. She reported a fall, injuring her left ankle and both hands, right greater than left. The injured worker was diagnosed as having status post revision left carpal tunnel release with hypothenar flap (2/23/2015), chronic left cubital syndrome, left radial tunnel syndrome, and status post left elbow dislocation. Treatment to date has included diagnostics, left carpal tunnel release, recent 10 visits of hand therapy for her left hand from 3/30/15-5/05/15. Currently (4/07/2015), the injured worker complains of significant pain and numbness in the left ring and small fingers, with slightly improved symptoms in the left thumb, index and long fingers. Pain was not rated and medication use was not described. She was currently retired. The treatment plan included additional occupational therapy (2x6) for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy two times a week for six weeks for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: The injured worker is a 71 year old female, who sustained an industrial injury on 12/08/2010. She reported a fall, injuring her left ankle and both hands, right greater than left. The claimant was status post revision left carpal tunnel release with hypothenar flap (2/23/2015), chronic left cubital syndrome, left radial tunnel syndrome, and status post left elbow dislocation. There is still pain. There had been 10 visits of hand therapy. Objective functional improvement is not noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient'. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.