

Case Number:	CM15-0119560		
Date Assigned:	06/30/2015	Date of Injury:	01/31/2007
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

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 67-year-old woman sustained an industrial injury on 1/31/2007. The mechanism of injury is not detailed. Treatment has included oral medications, occupational therapy, home exercise program, and surgical intervention. Physician notes dated 5/18/2015 show complaints of hand pain. Recommendations include continue home exercise program, additional occupational therapy, future surgical intervention, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, additional 6 sessions, 2 times wkly for 3 wks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in January 2007 and underwent right carpal tunnel release and right third and fourth trigger finger release surgery in

January 2015. Treatment included post-operative occupational therapy with 10 sessions completed through 05/04/15. When seen, she was having mild difficulty gripping. She was having left sided symptoms of carpal tunnel syndrome and triggering of the third and fourth fingers. There was good left sided range of motion and fair grip strength. Continuing a home exercise program is referenced. Additional occupational therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy on the right side with therapeutic content expected to overlap with her left hand condition. The requesting provider documents continuation of a home exercise program. In this case, the number of visits requested is in excess of what might be needed to revise the claimant's home exercise program. The request is not medically necessary.