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| Case Number: | CM15-0120610 | | |
| Date Assigned: | 07/01/2015 | Date of Injury: | 03/30/2001 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/25/2015 |
| 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: 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:

The injured worker is a 53 year old female, who sustained an industrial/work injury on 3/30/01. She reported initial complaints of bilateral wrist pain cumulative injury to both hands and wrists. The injured worker was diagnosed as having right trigger thumb, left carpal tunnel syndrome, bilateral wrist instabilities, bilateral thumb carpometacarpal joint osteoarthritis and or instability with associated pain. Treatment to date has included medication, surgery (right thumb pulley release, left carpal tunnel release, left wrist arthroscopic reconstruction for instability, right thumb carpometacarpal joint abrasion arthroplasty, right wrist arthroscopy, synovectomy, imbrication of the scapholunate ligament, imbrication and debridement of lunotriquetral ligament, left thumb carpometacarpal joint flexor carpi radialis tendon transfer for stabilization), diagnostics, occupational therapy, transcutaneous electrical nerve stimulation (TENS) unit, wrist splints, H-wave, home exercise program, and isotoner glove. Currently, the injured worker complains of pain in the wrists, more so on the left. Wrist braces were being utilized. Per the primary physician's progress report (PR-2) on 5/8/15, exam noted tenderness along the CMC joint bilaterally. The requested treatments include occupational hand therapy for the bilateral wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy 1-2 times a week for 6 weeks for the bilateral wrists/hands (12 total): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT/OT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Occupational hand therapy 1-2 times a week for 6 weeks for the bilateral wrists/hands (12 total) is not medically necessary and appropriate.