

Case Number:	CM15-0122817		
Date Assigned:	07/07/2015	Date of Injury:	04/03/2008
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/25/2015

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, New York, 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 applicant is a represented 63-year-old who has filed a claim for chronic hand, wrist, elbow, and forearm pain reportedly associated with cumulative trauma at work first claimed on April 3, 2008. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for 12 sessions of occupational therapy for the bilateral hands. Somewhat incongruously, the claims administrator referenced both the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS Postsurgical Treatment Guidelines. The claims administrator stated that the applicant had received a trigger finger release surgery on January 29, 2015. The claims administrator stated that the applicant had had eight sessions of postoperative occupational therapy following said trigger finger release surgery of January 29, 2015. The claims administrator referenced an RFA form of June 16, 2015 in its determination. On January 29, 2015, the applicant underwent a right small finger trigger finger release surgery and a right carpal tunnel cortisone injection procedure. On March 24, 2015, the applicant reported ongoing complaints of digit, hand, wrist, and upper extremity pain. The applicant was off of work, it was acknowledged and had been off of work for the past two years, it was suggested. Eight to 12 sessions of occupational therapy were endorsed at this point. Tylenol No. 3 was prescribed while the applicant was placed off of work, on total temporary disability. On April 30, 2015, 12 sessions of occupational therapy for the bilateral hands, wrists, and elbows was sought while Norco was renewed. The applicant was returned to modified duty work. On June 2, 2015, it was stated that the applicant had returned to part-time work. The applicant had fractured her finger on her left hand; it was reported, unrelated to the industrial injury. A splint

was present about the left ring finger. The applicant remained symptomatic insofar as the bilateral hands were concerned, it was reported. Twelve sessions of occupational therapy were sought to improve hand strengthening and coordination. Norco and work restrictions were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for the bilateral hands, twice a week for eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: No, the request for 15 sessions of occupational therapy for the bilateral hands is not medically necessary, medically appropriate, or indicated here. The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier trigger finger release surgery of January 29, 2015 as of the date of the request, June 2, 2015. The MTUS Chronic Pain Medical Treatment Guidelines was therefore applicable. The 15-session course of occupational therapy at issue, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis of various body parts, i.e., the diagnosis reportedly present here. The attending provider failed to furnish a rationale for such a lengthy, protracted course of occupational therapy at this stage in the course of the claim. It is further noted that the attending provider reported on June 2, 2015 that the applicant had sustained a non-industrial fracture involving one of the digits. The MTUS Guideline in ACOEM Chapter 11, page 266 on Physical Methods notes that certain activities will increase stress on the hand and may contribute to structural damage and/or aggravate symptoms. Here, thus, the request for 15 sessions of occupational therapy for the bilateral wrists so soon removed from the date the applicant had sustained a non-industrial finger fracture, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, page 266 and with page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.