

Case Number:	CM15-0126298		
Date Assigned:	07/10/2015	Date of Injury:	02/13/2014
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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, California
 Certification(s)/Specialty: Family Practice

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 60 year old woman sustained an industrial injury on 2/13/2014. The mechanism of injury is not detailed. Diagnoses include status post right hand surgery in March 2015. Treatment has included oral medications and physical therapy. Physician notes dated 6/1/2015 show complaints of pain, numbness, and tingling in the right hand since surgery. Physical examination of the right hand revealed tenderness on palpation, swelling, normal strength and sensation and full ROM. Recommendations include continue NSAIDs and analgesic medications, pain management consultation, continue psychiatric treatment, continue physical therapy, and follow up in six weeks. The patient had received 12 post op occupational therapy visits for this patient till date. Per note dated 5/22/15 patient had complaints of pain, sensitivity and numbness in the right hand. The current medication list was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Rehabilitation guidelines cited below recommend 3-8 visits over 3-5 weeks and postsurgical physical medicine treatment period is 3 months. The patient had received 12 post op occupational therapy visits. The requested additional visits in addition to the previously certified OT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous occupational visits that is documented in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy like NSAIDS, in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The medical necessity of the request for additional occupational therapy 3x4 is not fully established for this patient.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Diagnoses include status post right hand surgery in March 2015. Treatment has included oral medications and physical therapy. Physician notes dated 6/1/2015 show complaints of pain, numbness, and tingling in the right hand since surgery. Physical examination of the right hand revealed tenderness on palpation and swelling. Per note dated 5 /22/15 patient had complaints of pain, sensitivity and numbness in the right hand. This is a complex case. A Pain Management Consultation is deemed medically appropriate and necessary.