MAXIMUS Federal Services

Case Number:	CM15-0126424		
Date Assigned:	07/13/2015	Date of Injury:	02/01/2013
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
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: California, Massachusetts
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 53 year old female, who sustained an industrial injury on 2/1/13. She reported right shoulder pain. Treatment to date has included surgery, MRI, x-ray, physical therapy, bracing, injection and medication. Currently, the injured worker complains of chronic right wrist and thumb pain. The injured worker is diagnosed with bilateral shoulder impingement (post decompression right shoulder), TMC arthritis bilateral hand and post FCR tendon and first dorsal compartment release with residuals. Her work status is temporarily totally disabled. In a note dated 2/10/15 the injured worker reported there was no therapeutic benefit from the injection. In a note dated 6/18/15 the injured worker has a decreased right hand grip and range of motion. There is mild to moderate TMC joint tenderness and, mild right wrist tenderness on examination. A request for continued occupational therapy to the right hand (12 sessions- 3x4) is sought to improve the symptoms experienced by the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue occupational therapy right hand 3x4 (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. From my review of the provided clinic record, the injured worker has completed an initial series of OT for the right hand of 12 sessions (although it is unclear from the record if the patient attended all of the 12 approved sessions). In the provided clinic record there is no report of efficacy of the already attended OT sessions and what, if any, functional improvement was obtained. The most recent OT session for the right hand was in late June of 2015. It is unclear if a course of HEP has been initiated and if that proved to be effective. Prior to continuing with OT beyond the initial trial, efficacy of therapy should be demonstrated and inability to successfully complete HEP. Lacking this documentation and based on the guidelines and my review of the provided records I believe the requested sessions of occupational therapy are not indicated at this time. Therefore the request is not medically necessary.