MAXIMUS Federal Services

Case Number:	CM15-0128739		
Date Assigned:	07/15/2015	Date of Injury:	09/07/2013
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama,
California
Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old male, who sustained an industrial injury on 9/7/13. Initial complaints were not reviewed. The injured worker was diagnosed as having status post right carpal tunnel release (1/8/15); internal derangement left wrist. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/12/15 are hand written. The notes indicated the injured worker complains of right wrist pain persistent despite physical therapy 12 visits. The injured worker is a status post right wrist carpal tunnel release of 1/8/15 and tender at the distal aspect of mid wrist and distal scar. There is a negative Tinel's and 45-grip strength. The left wrist notes crepitus, clicking with range of motion of fingers. The left wrist notes tenderness to palpation over the palmer and dorsal aspect of the mid-wrist grip strength is 4/5 and positive crepitus with range of motion of the 2nd, 3rd and 4th digits. He is recommending a MRA for the left wrist and continues pain medications. The provider is requesting authorization of Occupational therapy 9 sessions for the right hand for strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therap 3 x week x 3 weeks, (9 sessions), right wrist: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" There is no documentation of objective findings that support musculoskeletal dysfunction requiring more OT sessions. There is no documentation of the outcome of previous OT, physical therapy sessions and home exercise. There is no documentation supporting additional OT sessions. Therefore Occupational therapy 3 x week x 3 weeks, (9 sessions), right wrist is not medically necessary.