

Case Number:	CM15-0026616		
Date Assigned:	02/19/2015	Date of Injury:	11/04/2013
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 45 year old female, who sustained an industrial injury on 11/04/2013. The diagnoses have included cervical spine sprain and spondylosis, status post left carpal tunnel release on 08/26/2014, and status post right carpal tunnel release on 04/08/2014. Noted treatments to date have included surgeries, occupational therapy, chiropractic treatment, home exercise program, and medications. Diagnostics to date have included electromyography/nerve conduction studies on 01/14/2014 showed bilateral median sensormotor neuropathy at or about the wrist, mild to moderate severity on the right and mild severity on the left. In a progress note dated 01/20/2015, the injured worker presented with complaints of pain to her left wrist/hand with tenderness, numbness, and tingling. The treating physician reported hyper tenderness to palpation along the median nerve distribution. Utilization Review determination on 02/03/2015 modified the request for 12 Sessions of Left Wrist and Hand Occupational Therapy to 2 Sessions of Left Wrist and Hand Occupational Therapy citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of left wrist and hand occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines recommend fading of treatment frequency of physical and occupational therapy over time and patients are expected to continue active therapies at home as an extension of the treatment process. In this case, the patient completed 18 visits of physical and occupational therapy which exceeds the guideline recommendations. At this point in time, she should continue active therapies at home. The request for 12 sessions of occupational therapy for the hand and wrist is not medically appropriate and necessary.