

Case Number:	CM15-0026839		
Date Assigned:	02/19/2015	Date of Injury:	08/24/2009
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
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: 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 [REDACTED] beneficiary who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of August 24, 2009. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for six sessions of occupational therapy. An RFA form received on January 23, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 23, 2015, the attending provider concurrently sought authorization for six sessions of occupational therapy and six sessions of aquatic therapy. In an associated progress note of January 15, 2015, somewhat blurred as a result of repetitive photocopying, the applicant reported ongoing complaints of wrist and hand pain. The applicant was asked to use a carpal tunnel splint and/or thumb support. The applicant had a surgical scar evident about the injured hand. An extremely proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for hand Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Occupational Medicine Page(s): 263-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 8 of 127.

Decision rationale: No, the request for six sessions of occupational therapy for the hand was not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant did not appear to be working following imposition of a rather proscriptive 5-pound lifting limitation. It did not appear that the applicant had profited materially with earlier occupational therapy. No clear rationale for further formal occupational therapy was proffered at this late stage in the course of the claim. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that the value of physical therapy increases with a clear description of treatment goals. Here, no clear description of treatment goals was furnished by the attending provider. Therefore, the request was not medically necessary.