MAXIMUS Federal Services

Case Number:	CM15-0043780		
Date Assigned:	03/13/2015	Date of Injury:	11/08/2012
Decision Date:	06/02/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 pain reportedly associated with an industrial injury of November 8, 2012. In a Utilization Review report dated February 9, 2015, the claims administrator failed to approve a request for 12 sessions of postoperative physical therapy. The claims administrator stated that the applicant had undergone a carpal tunnel release surgery and ganglion cyst excision procedure on September 3, 2014. The claims administrator cited the labor code in portions of its determination. The claims administrator also cited the MTUS Postsurgical Treatment Guidelines following carpal tunnel release surgery, despite the fact that the applicant appeared to be outside of the three-month postsurgical physical medicine treatment period for the same as of the date of the request, February 12, 2015. In addition to the February 12, 2015 RFA form, the claims administrator also referenced a progress note of January 22, 2015 in its determination. The applicant's attorney subsequently appealed; however, neither the applicant's attorney nor the claims administer attached much in the way of supporting documentation to the application. The most recent note on file, per the claims administrator's medical evidence log, was a January 20, 2014 report. On January 20, 2014, the treating provider apparently reviewed records furnished by a second opinion hand surgeon. No conclusions were drawn from the same. The applicant's work and functional status were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy two times a week for six weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for 12 sessions of occupational therapy for the right wrist was not medically necessary, medically appropriate, or indicated here. The applicant appeared to have undergone a ganglion cyst excision procedure and carpal tunnel release procedure on September 3, 2014. The applicant was seemingly outside of the six-week postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier ganglionectomy surgery and outside of the three-month postsurgical physical medicine treatment period following carpal tunnel release surgery as of the date of the RFA form, February 12, 2015. The MTUS Postsurgical Treatment Guidelines were therefore applicable. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program. The 12-session course of therapy proposed, in and of itself, moreover, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, no clinical progress notes were seemingly incorporated into the IMR packet. No clinical progress notes or narrative commentary was attached so as to augment the request at hand. The presence or absence of functional improvement as defined in MTUS 9792.20e was not established. Clear goals of further therapy, going forward, were not expounded upon. Therefore, the request was not medically necessary.