

Case Number:	CM15-0066657		
Date Assigned:	04/14/2015	Date of Injury:	12/07/2011
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 12/07/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc disease, tenosynovitis of the hand and wrist, and right carpal tunnel syndrome. Treatment to date has included physical therapy, medication regimen, acupuncture, x-rays of the cervical spine, and status post cervical six to seven anterior cervical discectomy and fusion. In a progress note dated 03/02/2015 the treating physician reports complaints of moderate dull, tingling, burning hand and wrist pain. Documentation from 03/02/2015 included a request for additional occupational therapy noting that the injured worker has improved but slower than expected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x3 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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are wrist strain; carpal tunnel syndrome; and cervical disc disease. The documentation, according to a March 2, 2015 progress note, indicates the injured worker received an unspecified number of physical therapy sessions to date. Specifically, 4 of 6 (of the recent physical therapy) were rendered to the injured worker. The injured worker is under the care of an orthopedic surgeon and a family medicine physician. The utilization review indicates the injured worker received at least 40 sessions of physical therapy. His physical therapy was rendered to the cervical spine and to the right hand/wrist complaints. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement, compelling clinical facts indicating additional physical therapy is warranted (over and above 40 sessions previously rendered to the injured worker), occupational therapy two times per week times three weeks is not medically necessary.