

Case Number:	CM15-0076385		
Date Assigned:	04/28/2015	Date of Injury:	09/25/2014
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female who sustained an industrial injury on September 25, 2014. She has reported injury to the left hand and has been diagnosed with Left carpal tunnel syndrome and left carpometacarpal joint osteoarthritis. Treatment has included occupational therapy, medications, modified work duty, injection, and physical therapy. Currently the injured worker had left hand numbness and tingling to the left hand. The treatment request included occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, Right Wrist (unspecified frequency & duration): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for left hand pain. She has diagnoses of carpal tunnel syndrome and first CMC osteoarthritis. Treatments have included therapy, medications, and injections. She has ongoing symptoms and authorization for a carpal tunnel release and CMC arthroplasty had been present. When seen, she had ongoing symptoms. In this case, the chronic pain treatment guidelines apply. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected. The number of visits being requested is unspecified. The request cannot be considered medically necessary.