

Case Number:	CM15-0090718		
Date Assigned:	05/15/2015	Date of Injury:	03/05/2014
Decision Date:	07/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 35-year-old female, who sustained an industrial injury on 03/05/2014. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having carpal tunnel syndrome, deQuervain's tenosynovitis, and status post right carpal tunnel release and right deQuervain's release on 12/24/2014. Treatment and diagnostics to date has included wrist surgery, occupational therapy, and medications. In a progress note dated 03/25/2015, the injured worker presented with complaints of aching in right wrist and pain in right elbow but occupational therapy has been helpful. Objective findings include tenderness to right elbow, decreased range of motion and tenderness to right wrist, and tenderness and swelling to right hand. The treating physician reported requesting authorization for occupational therapy for the right wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient occupational therapy two (2) times a week for four (4) weeks for the right wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page(s): 99 or 127, page 16 of 127, and page 22 of 127..

Decision rationale: In accordance with California MTUS guidelines, the physical medicine recommendations state, "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had 16 physical therapy sessions, which surpasses the 14 treatments recommended status post deQuervain's tenosynovitis surgery, and the 3-8 sessions recommended status post carpal tunnel surgery. Now, her physician is requesting an additional 8 sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.