

Case Number:	CM15-0098573		
Date Assigned:	05/29/2015	Date of Injury:	09/15/2014
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 43 year old female who sustained an industrial injury on 09/15/2014. The injured worker was diagnosed with right carpal tunnel syndrome. Treatment to date includes diagnostic testing, conservative measures and six sessions of occupational therapy. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience neck and bilateral upper extremity pain. The injured worker reports no further radiating symptoms upper her arms toward her neck. Right carpal tunnel symptoms remain provocative. Right grip was decreased. The injured worker has declined injections and surgery at this time. Current medications were not documented. Treatment plan consists of transcutaneous electrical nerve stimulation (TEN's) unit and the current request for additional occupational therapy twice a week for 3 weeks for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 x 3 for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

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, additional occupational therapy two times a week times for three weeks to the right wrist 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 diagnosis is right carpal tunnel syndrome. There is a single progress note in the medical record dated March 5, 2015. The progress note indicates the injured worker had complaints of with a diagnosis of right carpal tunnel syndrome. The injured worker received six prior physical therapy visits. There were no physical therapy progress notes in the medical record. The injured worker refused surgical intervention. The treating provider requested additional physical therapy two times per week times three weeks. However, there are no compelling clinical facts in the medical record indicating additional physical third is warranted. Consequently, absent compelling clinical documentation with compelling clinical facts indicating additional physical therapy is warranted, additional occupational therapy two times a week times for three weeks to the right wrist is not medically necessary.