

Case Number:	CM14-0055248		
Date Assigned:	07/07/2014	Date of Injury:	05/07/2013
Decision Date:	11/10/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 69 year old female who sustained an industrial injury on 05-07-2013. According to a progress report dated 03-20-2014, chief complaints included left middle trigger finger. She received an injection for the left trigger finger on 09-10-2013 that "really helped". She felt less numbness in the hand, and the finger was not catching as much. She continued to wear a wrist brace at night. She attended 20 physical therapy sessions, especially to strengthen the left leg. She reported persistent neck pain with both arm radiations which responded to chiropractic treatment. Her major symptoms included bilateral tinnitus, light dizziness, fatigue, left leg weakness and low back pain. She had been discharged the neurologist. Electro-myography of the left upper extremity showed carpal tunnel syndrome. She attended 6 sessions of acupuncture with "significant benefit". She was practicing Tai chi daily. Examination of the left wrist showed free range of motion without pain, positive Tinel's, numbness down the 3rd finger and negative phalanx. Left middle trigger finger was triggering less than the last visit. Assessment included cervical strain, carpal tunnel syndrome, left knee contusion, post-concussion syndrome, tinnitus, lumbar spine sprain and left middle trigger finger. The treatment plan included acupuncture x 6 for left trigger finger and referral to occupational therapy x 6 for carpal tunnel syndrome. She was to return to the clinic in 6 weeks. On 04-01-2014, Utilization Review non-certified the request for 6 sessions of occupational therapy left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Occupational Therapy, Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC (Physical Therapy Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six sessions occupational therapy to the left wrist are 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 carpal thumb syndrome; cervical strain; left knee contusion; postconcussion syndrome; tinnitus; lumbar spine sprain; and left trigger finger. Date of injury is May 7, 2013. Request for authorization is April 16, 2014. According to a March 20, 2014 progress note, the injured worker received 20 out of 20 physical therapy sessions to the left leg. An EMG show the injured worker has carpal tunnel syndrome. The injured worker received six out of six acupuncture treatments with significant improvement. Objectively, there is full range of motion of the wrist with a positive Tinel's sign. The guidelines recommend 1-3 physical therapy sessions over 3 to 5 weeks for medical treatment of carpal syndrome. The documentation is unclear as to whether the treating provider prescribed in the injured worker received any physical therapy/occupational therapy to the left wrist. The guidelines recommend 1-3 occupational therapy sessions. The treating provider is requesting six sessions. There are no compelling clinical facts to support additional occupational therapy over the recommended guidelines. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, unclear documentation indicating whether the injured worker received left wrist physical therapy, and a request for six sessions of physical therapy (guidelines recommend 1-3), six sessions occupational therapy to the left wrist are not medically necessary.