

Case Number:	CM16-0239190		
Date Assigned:	12/15/2016	Date of Injury:	10/25/2016
Decision Date:	01/12/2017	UR Denial Date:	11/28/2016
Priority:	Standard	Application Received:	12/13/2016

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: North Carolina
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 60 year old female who sustained an industrial injury on 10-25-2016. The documentation on 11-17-2016 noted the injured worker has complaints of right wrist increasing pain with numbness into the thumb, index, and middle fingers. The fingers go numb with activity and gripping. She is using a cockup wrist brace which helps, but the fingers still go numb with gripping. The physical exam reveals tenderness to the volar aspect of the right wrist. Tinel's sign and Phalen's test are positive. Grip strength is 25 pounds of force with pain in the wrist and pain in the palm, thenar eminence and tingling into the thumb and index fingers. A review of the medical records shows the injured worker has diagnosis that include tenosynovitis right wrist, and carpal tunnel syndrome right wrist. The treatment to date includes the medications of Ibuprofen with Pepcid which she may obtain as Duexis or individually. The treatment plan on 11-17-2016 includes oral medications and physical therapy. The original utilization review 11-28-2016 modified the request for occupational therapy. Occupational therapy for nine sessions was the original request. Occupational therapy for three sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request is Occupational therapy for six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for nine sessions was the original request. Occupational therapy for three sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Occupational therapy for six sessions is: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: Recommended as indicated below. Physical medicine encompasses interventions that are within the scope of various practitioners (including Physical Therapy, Occupational Therapy, Chiropractic, and MD/DO). Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) is not indicated for addressing chronic pain in most instances; refer to the specific modality within these guidelines (e.g., massage, ultrasound) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Refer to the specific intervention within these guidelines (e.g., exercise.) This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 26 visits over 16 weeks; Arthritis (ICD9 715): 9 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has completed a full course of physical therapy already. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.