

<b>Case Number:</b>	CM13-0024849		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/14/2004
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a represented [REDACTED] employee, who has filed a claim for chronic right shoulder and bilateral upper extremity pain reportedly associated with industrial injury of August 27, 2013. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior carpal tunnel release surgery; a TENS unit; and extensive periods of time off of work. In a utilization review report of August 27, 2013, the claims administrator apparently denied a request for additional occupational therapy. The patient's attorney later appealed. It also appears that the claims administrator had certified a request for an interferential unit. An earlier note of August 12, 2013 is notable for comments that the patient reports persistent wrist and elbow pain. She is status post carpal tunnel release surgery. She is a police dispatcher. She states that she is not working. She declined a right carpal tunnel release surgery. She now has frequent dull aching pain in her wrist radiating to the shoulder. She has diminished light touch sensorium noted on exam despite having 5/5 strength about the bilateral upper extremities. Electrodiagnostic testing is sought. The applicant is again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2xWk x 6Wks Right Elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to 8 to 10 sessions of treatment for neuralgias and/or neuritis of various body parts, in this case, the applicant has had prior unspecified amounts of occupational therapy over the life of the claim. She ultimately noted that the therapy was ineffectual. She had recurrence in symptoms. Repeat electrodiagnostic testing, presumably as a precursor to surgical reexploration, was endorsed in an August 2013 office visit. The applicant remains off of work, on total temporary disability. All of the above, taken together, imply a lack of functional improvement as defined by the measures established in MTUS 9792.20f. Therefore, the request for additional occupational therapy is not certified of both owing to a lack of functional improvement as well as owing to the fact that the 12-session course being recommended here does represent treatment in excess of the 8- to 10-session course recommended in the guidelines.