

<b>Case Number:</b>	CM13-0051954		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/05/2003
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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. The expert reviewer is Board Certified 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 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/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 applicant has filed a claim for chronic elbow, wrist, and shoulder pain reportedly associated with an industrial injury of April 5, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder arthroscopy in 2006; carpal tunnel release surgery in 2013; and unspecified amounts of physical therapy over the course of the claim. In handwritten progress notes of June 27, 2013, July 18, 2013, August 8, 2013, and September 9, 2013, the applicant was returned to regular work. On September 9, 2013, it was stated that the applicant had persistent numbness, tingling, and swelling about the left hand. It was stated that the applicant had signs of active carpal tunnel syndrome about the same but that the applicant had apparently elected to defer carpal tunnel release surgery at this point in time. The applicant was returned to regular duty work. It appears that authorization for a lengthy course of physical therapy was sought, although the note was admittedly difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY BILATERAL ELBOWS, BILATERAL WRISTS AND RIGHT SHOULDER 3X6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

**Decision rationale:** The current request represents treatment in excess of the 8- to 10-session course recommended, on page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines, for neuralgia and neuritis of various body parts. No rationale for treatment thus far is in excess of the MTUS parameters provided. It is further noted that both pages 98 and 99 of the MTUS recommend tapering the frequency of treatment over time, active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of an injury as opposed to the lengthy formal course of treatment proposed. In this case, given the fact that the applicant has already been returned to regular work, it is not clear what significant deficits the applicant has to require treatment this far in excess of MTUS parameters. Therefore, the request for occupational therapy bilateral elbows, bilateral wrists and right shoulder is not medically necessary.