MAXIMUS Federal Services

Case Number:	CM14-0014495		
Date Assigned:	02/28/2014	Date of Injury:	10/15/2013
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 27-year-old female with date of injury of 10/15/2013. Per treating physician report on 12/18/2013, listed diagnoses are pain in wrist and forearm, myofascial pain syndrome, numbness, paresthesia and tingling. The patient presents with numbness and tingling in bilateral hands, fingers, and wrist following repetitive trauma from work. Plan was for MRI of the spine and possible carpal tunnel injection and referred to physical medicine rehab for medical management. The patient had electrodiagnostic studies, which were apparently normal. The patient was also to continue current medications and therapy and use of orthotic device. An 11/04/2013 note lists diagnoses of carpal tunnel syndrome and insomnia, with 10/10 pain in bilateral wrists and teary on exam, needing assistance from her husband to getting dressed in the mornings. The patient was referred to orthopedic and medication provided including tramadol and Zolpidem. The patient is compliant with treatments and the patient was to continue current medications, therapy, and use of orthotic device. The request for additional occupational therapy for 6 sessions was denied by utilization review letter on 01/09/2014, indicating that the patient had 7 sessions, which should have been adequate in addressing the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT PT 2 X 3 FOR THE BILATERAL WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS PHYSICAL MEDICINE Page(s): 98,99.

Decision rationale: This patient presents with persistent upper extremity pains from repetitive trauma disorder. There is a request for additional occupational therapy and physical therapy 2 times a week for 3 weeks. A review of the reports showed that this patient's symptoms are getting worse. There are no discussions regarding how the patient is responding to physical therapy other than statements that the patient's condition is getting worse. In fact, the pain is described as 10/10 and unable to dress herself. This is while the patient is going through physical therapy. California MTUS Guidelines recommend 9 to 10 sessions for myalgia, myositis, neuritis, radiculitis, neuralgia type of condition that this patient suffers from. This patient apparently had 7 sessions of physical therapy thus far and perhaps more. The treating physician does not document patient's occupational therapy treatment history, does not report patient's response to these treatments. There does not appear to be a reason to continue treatment course that has not been effective based on review of the reports. California MTUS Guidelines page 8 require monitoring to be done by treating physician and appropriate treatments recommended based on patient's response. In this case, the patient is being referred to an orthopedist for consultation. Additional and ongoing therapy does not appear indicated. Therefore the request is not medically necessary.