

<b>Case Number:</b>	CM14-0115449		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 & Rehabilitation and Pain Management, 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:

The patient is a 53 year old female with an injury date of 03/14/14. Based on 05/27/14 progress report provided by [REDACTED] the patient complains of bilateral upper extremity tendinitis, bilateral carpal tunnel syndrome, cervical and thoracic strain, and left shoulder impingement. Objective findings show bilateral dorsal and volar hand, wrist, and forearm discomfort with any flexion and extension, worse on left. There is severe shoulder impingement and compensatory thoracic and cervical strain. Diagnosis 05/27/14- bilateral upper extremity tendinitis- bilateral carpal tunnel syndrome with peripheral neuropathy- cervical and thoracic strain- left shoulder impingement NCT/EMG (Electromyography) 05/08/14- there is electrodiagnostic evidence of mild to moderate bilateral carpal tunnel syndrome without active muscle denervation- there is no electrodiagnostic evidence of right or left cervical radiculopathy or cubital tunnel syndrome- there is electrodiagnostic evidence of sensory peripheral neuropathy Per treater report dated 05/27/14, patient had a custom-made right hand forearm splint and takes Relafen and Norco. She has also completed 6 occupational therapy sessions. [REDACTED] is requesting 6 additional occupational therapy visits. The utilization review determination being challenged is dated 07/16/14. The rationale is patient has received well over recommended amount of occupational therapy. [REDACTED] is the requesting provider, and he has provided treatment reports from 03/20/14 - 08/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) additional occupational therapy visits:** 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 Physical Medicine Page(s): 98,99.

**Decision rationale:** The patient presents with bilateral upper extremity tendinitis, bilateral carpal tunnel syndrome with peripheral neuropathy, cervical/thoracic strain and left shoulder impingement. The request is for 6 additional occupational therapy visits. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for 6 additional occupational therapy. Per treater report dated 05/27/14, the patient completed 6 occupational therapy sessions, which brings the total amount of requested visits to 12 sessions. The request of 12 sessions exceeds what is allowed per MTUS. Therefore, the request of six (6) additional occupational therapy visits is not medically necessary and appropriate.