

Case Number:	CM14-0170933		
Date Assigned:	10/23/2014	Date of Injury:	05/20/2008
Decision Date:	11/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal 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 patient is an injured worker with left upper extremity complaints. Date of injury was 05-20-2008. The progress report dated 8/7/14 documented subjective complaints of left upper extremity conditions. The agree medical examiner report dated October 3, 2013 in which the medical examiner allowed for left elbow surgery. The patient states that her left elbow and low back are her orthopedic complaints. It has been over a year since the patient was seen by hand and upper extremity specialist physician who at that time recommended occupational therapy for the left upper extremity. This conservative treatment did not take place. The patient will like to proceed with conservative treatment prior to considering surgery for the left elbow. Objective findings were documented. Physical examination of the bilateral shoulders reveals positive Hawkins test on the left, negative on the right Positive Neer test on the left negative on the right. The patient is able to forward flex to 175 bilaterally. Examination reveals tenderness in the acromioclavicular joint on the left with positive cross body adduction movement 5/5 with supraspinatus strength test bilaterally. Examination of the bilateral upper extremities reveals positive handshake test on the left, with a negative test on the right. This tenderness in the medial epicondylar region on the left, and negative tenderness on the right. Examination of bilateral hands and wrists reveals negative Tinel sign bilaterally. Negative Phalen's sign bilaterally. Diagnoses were cervical thoracic strain arthrosis, right shoulder status post arthroscopic chondroplasty of the humerus and treatment of subscapularis with subacromial decompression and Mumford procedure, left shoulder impingement syndrome with acromioclavicular joint arthrosis, bilateral medial epicondylitis cubital tunnel syndrome, left carpal tunnel syndrome status post left wrist arthroscopic debridement of triangular fibrocartilage complex tear, and lumbosacral strain arthrosis with scoliosis and spinal the supraspinatus with neural encroachment. Treatment plan included home exercise and medications Omeprazole and

Ultracet. The patient remains temporally totally disabled. Based on hand and upper extremity specialist report dated August 5, 2013, occupational therapy was recommended for the left upper extremity. Utilization review determination date was 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 4 weeks for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational therapy (OT), Physical Therapy (PT) Physical Medicine Page(s): 74 98-99.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Pages 98-99) provide occupational therapy (OT) and physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Medical records dated 8/7/14 documented that a hand and upper extremity specialist report dated August 5, 2013 indicated that occupational therapy was recommended for the left upper extremity. It had been over a year since the patient was seen by the hand and upper extremity specialist physician who at that time recommended occupational therapy for the left upper extremity. This conservative treatment did not take place. The patient would like to proceed with conservative treatment prior to considering surgery for the left elbow. Physical examination performed on 8/7/14 documented objective findings. The agree medical examiner report dated October 3, 2013 indicated that the medical examiner allowed for left elbow surgery. MTUS guidelines allow for ten occupational therapy OT visits. The request for eight occupational therapy visit is supported by medical records and MTUS guidelines. Therefore, the request for Occupational Therapy 2 times a week for 4 weeks for the left wrist is not medically necessary.