

Case Number:	CM14-0032242		
Date Assigned:	06/20/2014	Date of Injury:	04/03/2008
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of April 3, 2008. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; earlier right thumb A1 pulley release surgery; unspecified amounts of occupational therapy over the course of the claim; electrodiagnostic testing; and splinting. In a progress note dated February 13, 2014, the claimant continued to report persistent wrist and elbow pain. The claimant felt extremely limited and constrained in terms of performance of activities of daily living. It was noted that there was expressed anger by the claimant due to treatments not being authorized. Diagnoses include bilateral epicondylitis and bilateral carpal tunnel syndrome and placed off of work, on total temporary disability. In an earlier note of January 13, 2014, the claimant was again placed off of work, on total temporary disability. The claimant was described as using Norco at that point in time. In a medical-progress note of September 30, 2013, the claimant's primary treating provider stated that the claimant had completed 18 sessions of occupational therapy through that point in time. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for 8 to 12 sessions of occupational therapy on the grounds that the claimant had extensive prior therapy over the course of the claim and had failed to profit from the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) twice a week for three weeks for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Based on the medical records provided for review, the applicant has already had prior treatment (at least 18 sessions) of occupational therapy over the course of the claim, seemingly well in excess of the 9- to 10-session course recommended by the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. There has, however, been no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on opioid agents, including Norco. Therefore, the request for additional occupational therapy twice a week for three weeks for the bilateral wrist is not medically necessary and appropriate.