

Case Number:	CM14-0033963		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2011
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/18/2014

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 Pain 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:

This is a 63-year-old female who sustained a remote industrial injury on 10/07/11 diagnosed with complex regional pain syndrome of the right upper extremity, repetitive strain injury of bilateral upper extremities, myofascial pain syndrome, and bilateral carpal tunnel syndrome. Mechanism of injury occurred as a result of the patient's cumulative work duties as a regional administrative assistant. The request for OT (Occupational Therapy) 2x4 right hand and upper extremity was non-certified at utilization review due to the patient attending a combined total of at least 54 sessions and the need to continue therapy in a home exercise program. The most recent progress note provided is 11/26/13. Patient complains primarily of diffuse pain in her neck, upper extremities with the right side greater than the left, low back, and lower extremities rated as a 9/10. Patient reports that her hand feels cold and numb. Physical exam findings reveal discrete tenderness over upper extremities and lower extremities and the patient is depressed. Current medications include Advil, as the patient has stopped all other medications. It is noted that hand therapy was approved. Provided documents include a few daily treatment notes for hand therapy that highlight the patient actively participates in her treatment plan, a Supplemental Psychiatric report dated 12/30/13, a Psychiatric Disability Evaluation: Agreed Medical Evaluation dated 12/03/13, an interdisciplinary assessment at the Health Education for Living with Pain (HELP) Program dated 11/21/13, a Supplemental Agreed Medical Evaluation report dated 08/17/13, a Cognitive-Behavioral Therapy final report dated 08/14/13, the previous Utilization Review, and several previous progress reports. The patient's previous treatments include carpal tunnel release surgery, several occupational therapy sessions, a TENS unit, trigger point injections, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT(Occupational Therapy) 2x4 right hand and upper extremity: Upheld

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

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

Decision rationale: According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The provided documentation includes the previous utilization review, notes that the patient has participated in at least 54 sessions of occupational therapy. However, the treating physician does not document limitations that would necessitate more occupational therapy sessions over the patient continuing therapy in a safe and effective independent home exercise program. Further, daily treatment notes for hand therapy highlight that the patient actively participates in her treatment plan, which should include a home exercise program. Due to the excessive number of sessions already completed, the request for additional OT (Occupational Therapy) 2x4 right hand and upper extremity is not medically necessary.