

Case Number:	CM14-0039934		
Date Assigned:	06/27/2014	Date of Injury:	12/03/2012
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 44 year-old female was reportedly injured on 7/17/2013. The mechanism of injury is not listed; however, she worked as a mental health therapist who developed carpal tunnel syndrome from repetitive job duties. The most recent progress notes from 3/20/2014 to 5/28/2014, indicate that there are ongoing complaints of neck pain, wrist pain and low back pain. Physical examination demonstrated positive Tinel's at right wrist and elbow; weakness and left thumb with opposition; painful limited range of motion of the cervical spine, lumbar spine, bilateral wrist; tenderness to palpation cervical spine, lumbar spine and bilateral wrist. MRI of the cervical spine dated 2/10/2014 showed mild degenerative changes without canal or foraminal narrowing. Electrodiagnostic study (EMG/NCS) dated 1/27/2014 was normal. Previous treatment includes physical therapy, wrist brace and medications to include Tylenol, Motrin and Naproxen. A request was made for #9 Occupational Therapy visits for the cervical spine, bilateral upper extremities and hands between 3/13/2014 and 4/27/2014, which was not certified in the utilization review on 3/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Occupational Therapy visits for the Cervical spine, Bilateral Upper extremities and Hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98-99.

Decision rationale: MTUS Guidelines support the use of occupational therapy and physical medicine for the management of chronic pain, specifically myalgia and radiculitis. Guidelines support 8-10 visits over 4 weeks. The claimant has previously undergone therapy; however, it is unclear how long or how many sessions were completed. A review of the available medical records fails to document any improvement in pain or function with that therapy. In the absence of clinical documentation to support additional visits, this request is not medically necessary and appropriate.

Evaluation between 3/13/2014 and 4/27/2014: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98,99.

Decision rationale: MTUS Guidelines support the use of occupational therapy and physical medicine for the management of chronic pain, specifically myalgia and radiculitis. Guidelines support 8-10 visits over 4 weeks. The claimant has previously undergone therapy; however, it is unclear how long or how many sessions were completed. A review of the available medical records fails to document any improvement in pain or function with that therapy. In the absence of clinical documentation to support additional visits, this request is not medically necessary and appropriate.