

Case Number:	CM14-0075800		
Date Assigned:	07/16/2014	Date of Injury:	12/01/2012
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 58-year-old male with a date of injury of 12/01/2012. The listed diagnoses, per the requesting physician, are bilateral tennis elbow and bilateral CTS (carpal tunnel syndrome). According to a progress report dated 04/30/2014, the patient presents with bilateral wrist pain. The doctor's progress reports are handwritten and difficult to read. The report of 03/20/2014 indicates the patient has had 3 occupational therapy (OT) sessions so far, which helped by 20%. The report dated 04/30/2014 indicates the patient had finished OT. The report indicates the patient still has pain with lifting. The treater states the patient has had 50% improvement with prior occupational therapy and requests an additional 8 sessions for the tennis elbow and CTS. A utilization review (UR) denied the request on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 Occupational Therapy visits for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This patient presents with bilateral tennis elbow and bilateral carpal tunnel syndrome. The treater states the patient has shown improvement with prior occupational therapy sessions. He is requesting an additional course of occupational therapy, 2 times a week for 4 weeks, for the tennis elbow and carpal tunnel syndrome. Utilization review denied the request, stating the patient has already undergone the total number of sessions recommended by guidelines for occupational therapy. For carpal tunnel syndrome, the MTUS guidelines page 15 recommend 3 to 8 physical therapy sessions over 3-5 weeks. In this case, the treater's request exceeds what is recommended by MTUS. Furthermore, the treater does not discuss why the patient would not be able to transition into a home exercise program. The additional therapy is not medically necessary.