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| Case Number: | CM14-0076617 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 12/14/2007 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic shoulder and bilateral hand pain reportedly associated with an industrial injury of December 14, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 14, 2014, the claims administrator denied a request for eight sessions of physical therapy to the shoulders and hand, citing a lack of documentation. The injured worker's attorney subsequently appealed. In a progress note dated May 1, 2014, it was acknowledged that the injured worker had electrodiagnostically confirmed bilateral carpal tunnel syndrome. The injured worker was on Voltaren, Lidoderm, and Neurontin, it was stated. The injured worker was not working, it was acknowledged. The injured worker was already permanent and stationary, it was stated. Eight sessions of hand therapy were sought for the injured worker's carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, eight (8) sessions, two (2) times a week for four (4) weeks, bilateral hands, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that there must be some demonstration of functional improvement at various milestones in the treatment program to justify continuing treatment. ACOEM Guidelines suggest that it is incumbent upon the attending provider to furnish a clear prescription for physical therapy which clearly states treatment goals. In this case, the attending provider has not outlined the injured worker's response to earlier treatment. The fact that the injured worker is off of work and has permanent work restrictions, suggests a lack of functional improvement as defined within MTUS Guidelines, as is the injured worker's continued dependence on several other topical and oral medications, including Neurontin, Voltaren gel, and Lidoderm patches. Furthermore, the attending provider did not outline any clear goals for additional physical therapy, going forward. It was not clearly stated how the claimant could or would benefit from the proposed treatment. Therefore, the request is not medically necessary.