

Case Number:	CM14-0187303		
Date Assigned:	11/17/2014	Date of Injury:	10/25/2013
Decision Date:	08/05/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial injury on 10/25/13. Diagnoses are carpal tunnel syndrome, ganglion-unspecified, tenosynovitis; wrist or hand, and epicondylitis; elbow lateral. In a progress report dated 9/17/14, the treating physician notes he continues to complain of wrist pain and right elbow pain rated at 7/10. Pain is increased with range of motion. He uses a transcutaneous electrical nerve stimulator weekly. He had stopped his medication due to gastric issues. Physical exam notes decreased range of motion of the wrist on extension and flexion due to pain. There is tenderness in the lateral epicondyle on the right. Finkelstein is positive. Previous treatment includes Gabapentin and Tramadol. The treatment plan is continue Lenza patch, Dendrocin, pending orthopedic evaluation, paraffin bath, Omeprazole, acupuncture 6 visits and occupational therapy 18 visits. Work status is to return to modified work on 10/8/14. The treatment requested is occupational therapy once a week for 18 weeks for the right wrist and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy once a week for 18 weeks for the right wrist and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Forearm, Wrist & Hand, Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2013 and is being treated for bilateral upper extremity pain. When seen, in September 2014 there was right wrist tenderness with dorsal ganglion cysts and positive Finkelstein's testing. Phalen's and Tinel's signs were positive bilaterally. There was right lateral epicondyle tenderness. Diagnoses were bilateral carpal tunnel syndrome, bilateral hand dorsal ganglion cysts, right hand tenosynovitis, and right lateral epicondylitis. Authorization for acupuncture and occupational therapy was requested. Due to a history of hypertension, oral non-steroidal anti-inflammatory medication was considered relatively contraindicated. In this case, the claimant was more than six months status post injury and being treated under the chronic pain treatment guidelines. There had been no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether ongoing therapy was likely to be effective. The request was not medically necessary.