MAXIMUS Federal Services

Case Number:	CM14-0195123		
Date Assigned:	12/02/2014	Date of Injury:	06/09/2008
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, 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 patient with a date of injury of 6/9/08. A utilization review determination dated 11/13/14 recommended non certification for the requested occupational therapy 2X4 visits for the right upper extremity stating that this patient is more than 6 years past the date of injury and that she has probably already had some therapy up to this point however there is no documentation as such and clarification is needed. Additionally the examination does not establish any objective functional limitations. A progress report dated 10/31/14 indicates the patient returns for follow up and states that her medications are keeping her pain at a 4-5/10 vs. a 9-10/10 without medication. She is currently taking Norco, Ibuprofen, Gabapentin, Zanaflex, Lidoderm patches and Pennsaid. Objective findings indicate that the pronation and supination of the right arm are limited at mid to end range. There are focal points of tenderness in the flexor and extensor compartments of the right forearm and tenderness on the anterolateral and superior aspects of the right arm. Diagnoses include Right carpal tunnel syndrome S/P operative fixation 3/2010, Neck pain, Right shoulder pain with MRI 7/17/2012 with mild to moderate supraspinatus/infraspinatus tendinopathy and minimal OA of the AC joint with subacromial/subdeltoid mild bursitis, Right wrist pain. Treatment plan includes continuing with medications, start IMR for EMG/NCS, and Occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x4 visits for the right upper extremities: 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 Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. If the patient has undergone previous therapy, there is no documentation of objective functional improvement. Finally, as the patient is outside the post-surgical phase, guidelines recommend a maximum of 3 therapy visits for the treatment of CTS. As such, the current request for physical therapy 2x4 is not medically necessary.