

Case Number:	CM15-0000036		
Date Assigned:	01/09/2015	Date of Injury:	08/05/2013
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old female sustained injury on 8/5/13 resulting from repetitive movements from excessive typing, data entry and fine manipulation. Her symptoms included sharp pain in the right hand with radiation to her shoulder and neck causing tightness. Because of the pain her activities of daily living and job performance were compromised. Conservative treatments included 24 visits of occupational therapy, neoprene elbow/ forearm support, anti-inflammatories, radiographs and laboratory evaluations. Currently she exhibits occasional right wrist pain described as achy, shooting, radiating, deep with tightness; chronic pain in the upper extremities, shoulders and neck. Pain intensity is 3/10. The diagnoses include chronic pain syndrome, sleep disorder, bilateral upper extremity overuse syndrome, bilateral elbow medial and lateral epicondylitis, bilateral elbow cubital tunnel syndrome, bilateral wrist strain/ sprain and tendinitis, bilateral carpal tunnel syndrome, cervical brachial myofascial pain syndrome and bilateral shoulder myofascial pain. Cognitive behavioral therapy was recommended to address factors for delayed recovery as well as Pamelor for chronic pain and related insomnia and physical therapy to the neck and shoulder girdle (there has been no prior physical therapy to neck or shoulders). On 12/16/14 Utilization Review non-certified the request for cognitive behavioral therapy based on documentation that does not reflect whether the injured worker has or has not had any psychological evaluation or psychotherapy. MTUS Chronic Pain Guideline was referenced. The physical therapy request for cervical spine and bilateral shoulders was non-certified based on the submitted documentation failing to reflect the objective evidence of significant functional deficits in the cervical spine and bilateral shoulders. In addition there was

no documentation of any type of significant event that has led to a flare up of symptoms that was initially unresponsive to a home exercise program and medications in order to support further physical therapy sessions. MTUS Chronic Pain Guideline, ACOEM and ODG were referenced. Pamelor was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, quantity 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The injured worker sustained a work related injury on 8/5/13. The medical records provided indicate the diagnosis of chronic pain syndrome, sleep disorder, bilateral upper extremity overuse syndrome, bilateral elbow medial and lateral epicondylitis, bilateral elbow cubital tunnel syndrome, bilateral wrist strain/sprain and tendinitis, bilateral carpal tunnel syndrome, cervical brachial myofascial pain syndrome and bilateral shoulder myofascial pain. Treatments have included 24 visits of occupational therapy, neoprene elbow/forearm support, anti-inflammatories, The medical records provided for review do not indicate a medical necessity for Cognitive behavioral therapy, quantity 5. The MTUS does not recommend more than 4 visits without evidence of improvement. The requested treatment is not medically necessary and appropriate.

Physical therapy for the cervical spine and bilateral shoulders, quantity 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (Acute and Chronic)

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

Decision rationale: The injured worker sustained a work related injury on 8/5/13. The medical records provided indicate the diagnosis of chronic pain syndrome, sleep disorder, bilateral upper extremity overuse syndrome, bilateral elbow medial and lateral epicondylitis, bilateral elbow cubital tunnel syndrome, bilateral wrist strain/sprain and tendinitis, bilateral carpal tunnel syndrome, cervical brachial myofascial pain syndrome and bilateral shoulder myofascial pain. Treatments have included 24 visits of occupational therapy, neoprene elbow/forearm support, anti-inflammatories; the medical records provided for review do indicate a medical necessity for physical therapy for the cervical spine and bilateral shoulders, quantity 6. The records indicate that she has not had any physical therapy to the neck and shoulders since the injury; the recent examination noted limitation of range of motion of the neck and palpable tenderness of the neck

and shoulder region. The MTUS states, "in a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment."