

Case Number:	CM15-0105662		
Date Assigned:	06/19/2015	Date of Injury:	10/20/2014
Decision Date:	07/27/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on 10/20/14. She reported right wrist and hand pain. The injured worker was diagnosed as having bilateral upper extremity tendinitis and trapezial and paracervical strain. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of right wrist and hand pain. Neck and back pain were also noted. The treating physician requested authorization for occupational therapy 2x6 for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks bilateral upper extremities: Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral upper extremities, and trapezial and paracervical muscles. The current request is for Occupational therapy 2 times a

week for 6 weeks bilateral upper extremities. The treating physician report dated 4/28/15(4B) states, "I believe (the patient) would benefit from OT twice weekly for the next six weeks to work on stretching, modalities and strengthening. She had been improving with therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. According to the documents provided for review, the patient's status is not post-surgical. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.