

Case Number:	CM15-0108163		
Date Assigned:	06/18/2015	Date of Injury:	09/16/2013
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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 36 year old male, who sustained an industrial injury on September 16, 2013. Treatment to date has included hand therapy, status post bilateral ulnar nerve release, status post right carpal tunnel release, status post left endoscopic carpal tunnel release, MRI of the left elbow, EMG/NCV of the bilateral upper extremities, and hand occupational therapy. Currently, the injured worker reports no improvement in hand tremors for the bilateral carpal tunnel and cubital tunnel release surgeries. He reports some improvement in the numbness and tingling. The injured worker reports increased neck pain with radiation of pain down the bilateral arms and has associated bilateral arm weakness and neck stiffness. The evaluating physician notes that the injured worker has completed extensive hand therapy since his surgeries and has reached his plateau with therapy. On physical examination the injured worker exhibits limited range of motion of the cervical spine. His wrist and elbow range of motion is normal. The injured worker has tenderness to palpation over the right elbow and a mass is located at the anterior elbow fossa. The diagnoses associated with the request include cervicgia, trigger finger, hand joint pain, lesion of the lumbar nerve and carpal tunnel syndrome. The treatment plan includes MRI of the right elbow mass, work restrictions and follow-up evaluation. A request was received for continued occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (1-2 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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-related injury in September 2013 and is being treated for radiating neck pain and upper extremity weakness. Treatments have included bilateral ulnar nerve and carpal tunnel releases with the last surgery performed in October 2014. When seen, there was mid-line cervical spine tenderness with normal range of motion and no muscle spasms. There was decreased left upper extremity strength. Authorization for up to 12 therapy sessions was requested. The claimant is being treated for chronic pain. There is 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 would be expected to reestablish or revise a home exercise program including strengthening exercises for the left upper extremity. The request is not medically necessary.