

Case Number:	CM15-0019163		
Date Assigned:	02/09/2015	Date of Injury:	04/14/2010
Decision Date:	04/17/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

The 53 year old female injured worker suffered an industrial injury on 4/14/2010. The diagnoses were major depressive disorder, right rotator cuff tear, cervicobrachial syndrome, bilateral carpal tunnel syndrome and left epicondylitis. The diagnostic studies were left elbow x-rays. The treatments were left carpal tunnel release, medications, and right shoulder arthroscopy. The treating provider reported numbness had improved following surgery. She reported weakness in the left hand. The injured worker complained of neck and upper extremity pain with tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand/Occupational therapy 2 x 6 for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser

treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient underwent arthroscopic surgery for carpal tunnel syndrome on 10/9/14. Postsurgical treatment is: 3-8 visits over 3-5 weeks with a postsurgical physical medicine treatment period of 3 months. The patient started physical therapy in October 2014 and completed course of therapy. There is no indication for additional therapy. In addition the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.