

Case Number:	CM15-0138900		
Date Assigned:	07/28/2015	Date of Injury:	04/14/2015
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 40-year-old female, who sustained an industrial injury on April 14, 2015. The injured worker reported pain in the bilateral shoulders, bilateral elbows and bilateral forearms with associated numbness and weakness. She was diagnosed with repetitive strain injury, tendinitis of the bilateral elbows, tendinitis of the bilateral shoulders, and tendinitis of the bilateral forearms. Treatment to date has included occupational hand therapy, home exercise program, and work restrictions. Currently, the injured worker reports burning pain in the left upper arm and forearm has decreased and she feels that her hand therapy sessions have helped. She complains of bilateral elbow and shoulder soreness although she notes that this has improved. She reports that her activities of daily living are easier. On physical examination, the injured worker has full range of motion of the bilateral shoulder with discomfort noted at the end ranges. Her left upper trapezius muscle is sore and her strength is 4-5 with abduction and external rotation. She has full active range of motion of the bilateral elbows. Her bilateral lateral epicondyles and olecranon are tender to palpation and her bilateral forearms are tender to palpation. She has no redness, warmth, swelling or atrophy of the bilateral wrists and there is no tenderness to palpation. She has full active range of motion of the bilateral wrists and a negative Tinel's and Finkelstein's bilaterally. She has no redness, warmth, swelling or atrophy of the bilateral hands and full flexion and extension of the finger joints. She has normal grip strength and normal sensation to light touch. The diagnoses associated with the request include repetitive strain injury, tendinitis of the bilateral elbows, tendinitis of the bilateral shoulders, and tendinitis of the bilateral forearms. The treatment plan includes ice-heat therapy, counterforce braces, continuation of hand therapy, modified work duties and ergonomic worksite assessment upon return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions. In the provided clinical documentation. Therefore, the request is not medically necessary.

