

<b>Case Number:</b>	CM15-0141301		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 is a 59 year old female with a July 2, 2012 date of injury. A progress note dated June 23, 2015 documents subjective complaints (continued symptoms on the lateral aspect of the elbow; symptoms in the right hand; cannot sleep on the right side because of shoulder pain), objective findings (no abnormal findings on examination of the right shoulder; tenderness over the common extensor origin of the right elbow; well healed longitudinal incision along the ulnar aspect of the right index finger proximal phalanx; no pain at the limits of right wrist range of motion), and current diagnoses (right shoulder impingement; right elbow lateral epicondylitis; borderline right carpal tunnel syndrome; right thumb flexor sheath cyst). Treatments to date have included several electromyogram-nerve conduction velocity studies (some showed normal findings; others revealed evidence of right carpal tunnel syndrome), cortisone injection of the right shoulder with poor response, and imaging studies. The treating physician requested authorization for occupational therapy for the right shoulder, elbow, wrist, and hand.

### 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 4 weeks to right shoulder/elbow/wrist/hand:**  
Overturned

**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:** MTUS 2009 recommends up to 10 sessions of therapy for myalgia. The patient has a longstanding history of upper extremity complaints for which she has received injections and offered surgery. She has reportedly not worked since the date of injury. She has had prior OT in the past as well with presumed lack of significant benefit based upon the level of her reported symptoms. More recently, she has received a shoulder injection without any carryover benefit and undergone an lateral epicondyle injection with a trial of additional OT for symptom relief. The additional OT exceeds MTUS 2009 guidelines but an exception to the guidelines appears warranted in this case. The patient's condition has reached MMI status but the PTP has attempted to provide injections to improve the current symptoms. A trial of OT with different providers may be helpful after the injection. The PTP provides a rationale for his care plan. Therefore, this request for an additional 8 sessions of OT is medically necessary.