

Case Number:	CM15-0187430		
Date Assigned:	09/29/2015	Date of Injury:	10/01/2014
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 46 year old female, who sustained an industrial injury on 10-1-14. Current diagnoses or physician impression includes right upper extremity weakness rule out cervical radiculopathy, right shoulder tendinosis with slight trace impingement, right mild cubital tunnel syndrome, De Quervain's tenosynovitis and right mild compression of the median nerve. Her work status is full duty without restrictions. A note dated 8-3-15 reveals the injured worker presented with complaints of persistent right shoulder pain rated at 5 out of 10 and frequent right wrist pain rated at 5 out of 10. She reports her pain is improved with rest and medication. A note dated 7-13-15 reveals complaints of neck pain that radiated to both trapezius muscles (right greater than left) and is rated at 5 out of 10, constant right shoulder pain rated at 5 out of 10, right elbow pain rated at 5 out of 10 and right wrist pain rated at 4-5 out of 10. The pain medication reduces her pain from 5-6 out of 10 to 2-3 out of 10. The pain is increased by weather changes and activities. A physical examination dated 8-3-15 revealed moderate loss of range of motion in all planes of the cervical spine. "She has positive cervical compression on the right with radiation of pain to the right periscapular area." There is palpable "muscular hypertonicity and tenderness over the paravertebrals" and "decreased palm sensation and strength of the right at C5, C6, C7 and C8". The right wrist reveals decreased sensation at the "medial and ulnar aspect", decreased grip and tenderness at the "volar aspect" at the base of the wrist and a positive Tinel's sign. The right elbow reveals "trace positive Tinel's sign at the cubital tunnel". There is minimal loss of sensation over the ulnar nerve distribution, weakened grip strength, numbness at the medial and ulnar distribution and a positive Finkelstein's sign. The right shoulder reveals a slight loss of

range of motion, palpable tenderness over the parascapular area and positive impingement signs. There is decreased strength and sensation in the right upper arm and a positive Hawkins sign. Treatment to date has included physical therapy in which a note dated 8-4-15 states the injured worker is able to complete therapy with some assistance, and a toxicology screen. Diagnostic studies to date have included electrodiagnostic studies (2015), which reveal abnormal NCS (nerve conduction study) and normal EMG (electromyography) and x-rays. A request for authorization dated 8-21-15 for occupational therapy 12 sessions (2 times a week for 6 weeks) for the right wrist is denied, per Utilization Review letter dated 8-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of occupational therapy, 2 times a week for 6 weeks to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: 12 sessions of occupational therapy, 2 times a week for 6 weeks to the right wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. There are no extenuating factors which would necessitate exceeding the MTUS Guidelines and having 12 supervised therapy visits for the wrist therefore this request is not medically necessary.