

Case Number:	CM15-0189675		
Date Assigned:	10/01/2015	Date of Injury:	08/01/1995
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 8-1-1995. The injured worker is undergoing treatment for: bilateral elbow pain, bilateral knee pain. On 6-1-15, she reported right elbow and bilateral knee pain. She indicated she was using braces on both elbows and knees. She was administered a Celestone lidocaine injection to the right elbow. She is reported as having "great improvement with physical therapy". On 7-30-15, and occupational therapy note indicated she rated her right upper extremity pain as 4 out of 10, least pain 1 out of 10, and worst pain 6 out of 10. She indicated there was tingling over the radial aspect of the ulnar nerve distribution and right small finger. Objective findings revealed decreased grip strength. On 8-31-15, she reported a constant aching of the bilateral elbow, greater on the right. She indicated there to be a clicking and burning in the right elbow, and associated numbness of the right small finger, as well as, numbness to the outer side of her left hand. She also reported left knee pain, which she stated "does not let her sleep at night". Her pain level is not rated. She is reported to be wearing a knee brace. There are no objective findings documented. The treatment and diagnostic testing to date has included: multiple completed occupational therapy sessions, injection to the right elbow (date unclear). Current work status: unclear. The request for authorization is for: occupational therapy two (2) times a week for four (4) weeks. The UR dated 9-9-2015: non-certified the request for occupational therapy two (2) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 2 times weekly for 4 weeks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient presents with tingling over the radial aspect of the ulnar nerve distribution and right small finger. The current request is for occupational therapy, 2 times weekly for 4 weeks, 8 sessions. The treating physician states, in a report dated 08/13/15, "Occupational/Hand therapy 2 times a week for 4 weeks." (31B) The MTUS guidelines for physical medicine/occupational therapy recommend 8-10 sessions for myalgia and neuritis type conditions. In this case, a UR decision letter dated 09/09/15 notes that as of 08/11/15 the patient had received 7 out of 8 sessions of therapy. The treating physician has not noted any new injury and has failed to document functional improvement which could warrant any additional sessions of therapy. The current request is not medically necessary.