

Case Number:	CM15-0193591		
Date Assigned:	10/07/2015	Date of Injury:	10/01/2001
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female who sustained an industrial injury on October 01, 2001. On August 03, 2015, she noted undergoing a preoperative evaluation that listed the following diagnoses: status post right carpal tunnel release January 2012; rule out bilateral carpal tunnel syndrome, right middle trigger finger, and left trigger thumb. A primary treating office visit dated August 26, 2015 reported the worker being followed for findings and symptoms of fibromyalgia and widespread pain. She has been complaining of "painful triggering fingers." There is note of previous injections with noted temporary relief. The impression noted the worker with: associated depressive disorder; associated sleep disorder; bilateral shoulder adhesive capsulitis; generalized nociceptive tenderness; somatoform pain disorder; rule out carpal tunnel syndrome, and painful bilateral trigger fingers. The plan of care noted: requesting occupational therapy 12 sessions for painful bilateral hands, swelling and decreased strength; right trapezius palliative trigger point injection, and medication management including: Cymbalta, Omeprazole, Gabapentin, and Mobic. She was administered a right trapezius trigger point injection under the diagnosis of myofascial pain. On September 01, 2015, a request was made for occupational therapy session 12, which was modified by Utilization Review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury in October 2001. She underwent a right carpal tunnel release in January 2012. In August 2015 a right third finger trigger release was being planned. When seen by the requesting provider, she had widespread pain, symptoms of fibromyalgia, and all of her fingers were swollen and she had difficulty closing her hand. Physical examination findings included widespread tenderness with bilateral hand swelling and weakness. There were pain behaviors. Occupational therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of therapy was needed or likely to be effective. The request is not medically necessary.