

Case Number:	CM15-0196034		
Date Assigned:	10/09/2015	Date of Injury:	02/26/2010
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 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 35 year old female, who sustained an industrial injury on 2-26-2010. Diagnoses include carpal tunnel syndrome, lesion of ulnar nerve, status post bilateral carpal tunnel surgery, status post bilateral cubital tunnel release, and possible Complex Regional Pain Syndrome (CRPS). Treatments to date include activity modification, medication therapy, and physical therapy. On 7-28-15, she complained of ongoing pain in the left elbow and burning sensation to the left hand and left hand and ring and little finger. The physical examination documented minimal ecchymosis with mild swelling, hypersensitivity, weakness and decreased range of motion. The records documented some improvement in the range of motion was seen secondary to 5 out of 12 occupational therapy sessions provided and H-wave therapy at home. The provider documented "This patient will need several month of therapy at a minimum. She will have a long protracted course." The plan of care included continuation of aggressive hand therapy. The appeal requested authorization for an additional twelve (12) occupational therapy sessions, three times a week for four weeks, and two follow up appointments. The Utilization Review dated 9-11-15, modified the request to allow for six (6) additional occupational therapy sessions and one follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Occupational therapy 3x a week for 4 weeks (12): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm, Forearm, Wrist, & Hand.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had an ulnar nerve transposition in July 2015. The claimant had completed at least 10 of 12 sessions of therapy. Post surgical therapy may require 20 sessions over 10 weeks. Although, the therapy is essential the total amount would equal 24 sessions which exceeds the guideline recommendations. As a result, the request for 12 additional visits is not medically necessary.