

Case Number:	CM15-0199443		
Date Assigned:	10/14/2015	Date of Injury:	07/31/2015
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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 68-year-old female, who sustained an industrial injury on 7-31-15. She reported right wrist and right arm pain. The injured worker was diagnosed as having right elbow lateral epicondylitis and right carpometacarpal joint arthrosis. Treatment to date has included at least 6 physical therapy treatments and medication including Omeprazole and Acetaminophen. On 9-14-15, the treating physician noted the injured worker had difficulties with the following activities of daily living: writing a note, using a telephone, getting in and out of a car, and sleeping. Physical examination findings on 9-14-15 included tenderness over the right lateral epicondyle and forearm with unrestricted range of motion. The right elbow flexor motor strength was noted to be 4 of 5 while extensors, pronators, and supinators were noted to be 5 of 5. Tenderness to palpation was noted in the right carpometacarpal joint and the injured worker was unable to make a fist. The most recent physical therapy progress report was dated 9-4-15. On 9-14-15, the treating physician noted, "she has undergone some physical therapy without resolution of symptoms." On 9-14-15, the injured worker complained of right elbow and right hand pain rated as 7 of 10. The treating physician requested authorization for occupational therapy for the right hand x6. On 10-2-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, right hand, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, Physical Methods.

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

Decision rationale: The patient presents with pain affecting the right elbow and right hand. The current request is for Occupational therapy, right hand, 6 sessions. The report dated 8/26/15 (28B) states, "Physical therapy visits completed 2. The UR report dated 10/2/15(5A) notes that the patient was authorized for an initial trial of 6 sessions of physical therapy on 8/19/15." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received at least 2 sessions of physical therapy for the right hand. The patient's status is not post-surgical. In this case, the patient has been authorized for 6 sessions of physical therapy to date and therefore the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request is not medically necessary.