

Case Number:	CM15-0199752		
Date Assigned:	10/14/2015	Date of Injury:	08/28/2012
Decision Date:	11/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/12/2015

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 52 year old female, who sustained an industrial injury on 8-28-2012. The medical records indicate that the injured worker is undergoing treatment for injury, other and unspecified, other specified sites, including multiple. According to the progress report dated 9-14-2015, the injured worker presented with complaints of increased upper extremity paresthesia that increases with activity. She notes no significant change. The physical examination of the bilateral wrists-hands reveals full range of motion with pain, tenderness over the carpal bones, diminished grip, and positive Tinel's Phalen's, and Finkelstein's test. Examination of the bilateral elbows was "unremarkable." The current medications are Naproxen, Flexeril, and Norco. Treatments to date include medication management, heat-ice-compress therapy, wrist splints, physical therapy, home exercise program, and psychotherapy. The treating physician describes the work status as "not yet MMI". The original utilization review (10-9-2015) had non-certified a request for 12 sessions of occupational therapy to the upper extremities (elbows, wrists, and hands).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient occupational therapy for twelve sessions to upper extremities (hands, wrists, and elbows): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter (updated 09/09/2015); ODG Forearm, Wrist, and Hand (Acute & Chronic revised 06/29/2015); ODG Preface.

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 sustained a work injury in August 2012 when boxes fell onto her upper back. She continues to be treated for chronic pain with secondary anxiety and depression. When seen, she had ongoing complaints of pain symptoms at multiple body parts. She was having increased right hip and upper and lower extremity paresthesias. She had recently been seen for an orthopedic evaluation for right shoulder. Physical examination findings included tenderness throughout the spine. There was decreased cervical and lumbar spine range of motion with pain and stiffness. There was bilateral shoulder tenderness with positive impingement testing. There was bilateral wrist and hand tenderness with positive Tinel's, Phalen's, and Finkelstein testing and decreased grip strength. Recommendations included a continued home exercise program. Authorization was requested for 12 sessions of therapy for the elbows, wrists, and hands. The claimant is being treated for chronic pain with no new injury. In terms of physical 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 physical therapy was needed or likely to be effective. She is already performing a home exercise program. The request is not medically necessary.