

<b>Case Number:</b>	CM15-0200616		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/16/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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

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 62 year old female, who sustained an industrial injury on 7-16-2015. The injured worker is being treated for repetitive motion syndrome bilateral hands, carpal tunnel syndrome bilateral hands and carpal tunnel syndrome bilateral elbows. Treatment to date has included work restrictions, medications and 8 visits of occupational therapy. Per the only Primary Treating Physician's Progress Report submitted for review, dated 10-06-2015, the injured worker reported painful and tight bilateral elbows, forearms, wrist, hands with spasm is slightly better. Objective findings included pain, tender and swelling; no redness or ecchymosis; there was left elbow pain and spasms with decreased range of motion. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to occupational therapy at this visit. Work status was modified. The plan of care included bracing, work restrictions and follow-up care. Per the Occupational Therapy note dated 9-18-2015 the IW is progressing well with therapy with decreased tenderness and soft tissue restrictions through bilateral upper extremities. She has elevated pain levels, weakness and limited functional use of the bilateral upper extremities. The plan of care included additional occupational therapy. Authorization was requested for 8 additional sessions of occupational therapy (2x4) for the bilateral upper extremities. On 10-08-2015, Utilization Review non-certified the request for 8 additional sessions of occupational therapy (2x4) for the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy 2 times a week for 4 weeks for the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and hand, Physical therapy and Elbow, Physical Therapy.

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

**Decision rationale:** The current request is for Additional occupational therapy 2 times a week for 4 weeks for the bilateral upper extremities. Treatment to date has included work restrictions, medications and occupational therapy. The patient may return to modified duty. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under Physical Medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 10/06/15, the patient presents with painful bilateral elbows, forearms, wrist, and hands. Objective findings included upper extremities tenderness, some swelling, spasms, and decreased range of motion. The treater recommended additional occupational therapy 2 times a week for 4 weeks. Per the Occupational Therapy note dated 09/18/15, the patient is progressing well with therapy with decreased tenderness and soft tissue restrictions through the bilateral upper extremities. The patient has completed 8 OT sessions thus far. In this case, the documentation reported that prior OT sessions helped, but there is no report of new injury, or new examination findings to substantiate the request for additional sessions. Furthermore, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Therefore, the request is not medically necessary.