

Case Number:	CM15-0209488		
Date Assigned:	10/28/2015	Date of Injury:	10/01/2006
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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 54 year old female who sustained an industrial injury on 10-01-2006. Medical records indicated the worker was treated for right elbow medial lateral epicondylitis, right wrist tendonitis, and right shoulder sprain and strain. In the provider notes of 09-24-2015, the injured worker complains of pain in the right upper extremity (chronic regional pain syndrome). Her pain has lasted greater than six months. She describes an increase in pain and sensitivity of the right elbow, and wrist and reports episodes of swelling and color changing. She has joint pain and sore muscles, and expresses frustration about the worsening pain and signs and symptoms. According to the notes, she describes her pain as at times being intolerable. On examination, she appears distressed. There is no swelling. The right palm is blanched versus the left. She has increased sensitivity to touch over lateral elbow-upper arm, to the dorsal wrist and hand. The physician is unable to do orthopedic tests on the elbow and wrist secondary to pain. Treatment plans include a right upper arm stellate ganglion block, occupational therapy, and continuation of Neurontin. A request for authorization was submitted for Occupational therapy 2xwk x 4 wks right upper extremity. A utilization review decision 10-07-2015 non-approved 8 sessions..

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2xwk x 4 wks right upper extremity: Overturned

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

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 upper extremity. The current request is for Occupational therapy 2wk x 4 wks right upper extremity. The treating physician report dated 9/54/15 is partially illegible and provides no rationale for the current request. The 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 on with a home exercise program. The medical reports provided for review do not show the patient has received prior physical therapy for the right upper extremity. The patient's status is not post-surgical. In this case, the current request of 8 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The current request is medically necessary.