

<b>Case Number:</b>	CM15-0209971		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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(n) 40 year old female, who sustained an industrial injury on 8-11-11. The injured worker was diagnosed as having bilateral epicondylitis, repetitive strain injury, history of cubital tunnel syndrome and carpal tunnel syndrome. Subjective findings (5-20-15, 6-17-15, 7-29-15 and 8-26-15) indicated numbness and tingling in both hands and both elbows in the extensor compartment. The injured worker rated her pain 7-8 out of 10 and is not using any medications due to breastfeeding. She has dropped sometimes her baby while holding because of right arm weakness. Objective findings (5-20-15, 6-17-15, 7-29-15 and 8-26-15) revealed a positive Tinel's and Finkelstein sign in the right elbow and wrist. There is no tenderness on palpation of the wrist joint either volarly or dorsally. As of the PR2 dated 10-1-15, the injured worker reports bilateral upper extremity pain. She indicated mild pain relief with acupuncture and is not currently using any medications. Objective findings include full range of motion in the bilateral elbows, tenderness to palpation in the bilateral epicondyles and a negative Tinel's and Phalen's sign. Wrist range of motion, right compared to left, extension 75-70 and flexion 70-60. Treatment to date has included acupuncture, Lyrica and Norco. The Utilization Review dated 10-14-15, non-certified the request for occupational therapy 2 x weekly for 3 weeks for the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 x a week for 3 weeks for bilateral upper extremities:** 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 bilateral upper extremity pain. The current request is for Occupational Therapy 2 times a week for 3 weeks for bilateral upper extremities. The treating physician's report dated 10/01/2015 states, "At this juncture, I do recommend a repeat course of acupuncture for pain control as well as a formal course of therapy for aggressive range of motion modalities and strengthening." The number of requested therapy was not documented in this report. The patient is not post-surgical. No physical therapy reports were provided for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. It does not appear that the patient has had any recent occupational therapy. In this case, a short course of occupational therapy is appropriate to address the patient's current symptoms. The current request is medically necessary.