

Case Number:	CM15-0083267		
Date Assigned:	05/05/2015	Date of Injury:	09/28/2005
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old female who sustained an industrial injury on 09/28/2005. The injured worker was diagnosed with cervical spinal stenosis, shoulder pain and depression. Treatment to date includes Electromyography (EMG)/Nerve Conduction Velocity (NCV) in January 2013 showing moderate right carpal tunnel syndrome, lumbar and cervical magnetic resonance imaging (MRI), surgery, cervical epidural steroid injection (ESI), chiropractic therapy (12 sessions), physical therapy, home exercise program, psychological evaluation, Cognitive Behavioral Therapy (CBT), aqua therapy and medications. The injured worker is status post a cervical fusion in 2009 and a L5-S1 microdiscectomy in November 2014. According to the primary treating physician's progress report on April 3, 2015, the injured worker continues to experience neck, low back, upper extremity and hand pain. The injured worker reports increasing pain at the base of the thumbs and both wrists with tingling in both hands, right side greater than left side. Examination of the wrists demonstrated pain in the left wrist with range of motion and tenderness to palpation of the wrist at the metacarpophalangeal joint of the thumb. The right wrist demonstrated tenderness to palpation over the median nerve with decreased range of motion without ulnar and radial deviation. The paravertebral and trapezius muscles demonstrated hypertonicity and trigger points on deep palpation. Current medications are listed as Norco, Cyclobenzaprine, Nucynta, and Mirtazapine. Treatment plan consists of specialist referral for consultation, evaluation and transfer of surgical care for the cervical and lumbar spine and the current request for occupational therapy to the bilateral hands for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for the bilateral hands, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official, Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The diagnosis regarding this patient's upper extremity pain is not clear. There is reported to be pain that is diffuse, bilateral and associated with motion and touch. There is a mild right sided median neuropathy, but that does not explain the subjective complaints or findings on examination. MTUS Guidelines do not recommend long term ongoing physical therapy for chronic pain complaints. From 8-10 sessions are considered adequate per the Guidelines and there are no unusual circumstances to justify an exception to Guidelines. It is also unclear if this individual would benefit from active therapy and normally a short trial might be instituted first to judge if there would be any benefits or meaningful participation. The request for 12 sessions of Occupational Therapy for the bilateral hands is not supported by Guidelines and is not medically necessary.