

Case Number:	CM15-0083652		
Date Assigned:	05/06/2015	Date of Injury:	09/26/2005
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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 51 year old female who sustained an industrial injury on 9/26/05 involving upper extremity overuse syndrome. She has had previous carpal tunnel release surgeries and chronic ulnar nerve problems at the elbow. She currently complains of worsening aches bilateral thumb and bilateral upper extremity fatigue and pain with occasional shooting pains in the right medial elbow and forearm. She has some sleep difficulty due to pain. She uses Norco for pain. Diagnoses include right cubital tunnel syndrome, right ulnar nerve release at the elbow (12/30/14); bilateral upper extremity overuse, status post carpal tunnel release. Treatments to date include medications, which are helpful, occupational therapy, which is beneficial. In the progress note dated 4/2/15 the treating provider's plan of care requests occupational therapy twice per week for three more weeks citing that the injured worker has had only 11 sessions and needs more. She has had increased strength with occupational therapy, which improved her ability to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x3 bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: As per MTUS Post-surgical treatment guidelines, It recommends up to 20 physical medicine sessions post surgery. Documentation states that patient was approved for 18 OT sessions and had completed 11 sessions at time of request. Provider documents that patient has slow but increasing strength and function with therapy. It is noted that Utilization review approved 2 additional OT sessions to a total of 20 OT sessions. Guidelines recommend a maximum of 20 sessions, which has been approved. Patient should complete approved sessions and be reassessed to determine need for additional OT sessions. Pre-approval of additional sessions would be premature without reassessment. Additional 6 occupational therapy sessions is not medically necessary.