

Case Number:	CM15-0085365		
Date Assigned:	05/08/2015	Date of Injury:	10/24/2012
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 40-year-old female, who sustained an industrial injury on 10/24/2012. She reported a repetitive use injury. The injured worker was diagnosed as status post right carpal tunnel release. Bilateral upper extremities electromyography (EMG)/nerve conduction study (NCS) was negative. Treatment to date has included surgery physical therapy and medication management. In an Agreed Medical Evaluator dated 2/10/2015, the injured worker complains of bilateral wrist and elbow pain. The treating physician is requesting 12 visits of occupational therapy 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 3 Times A Week for 4 Weeks for Bilateral Upper Extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 40 year old female has complained of bilateral wrist and elbow pain since date of injury 10/24/12. She has been treated with surgery, physical therapy and medications. The current request is for occupational therapy 3 times a week for 4 weeks for bilateral upper extremities. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The current request exceeds the recommended number of passive therapy sessions. On the basis of the available medical documentation and per the MTUS guidelines cited above, occupational therapy 3 times a week for 4 weeks for the bilateral upper extremities is not indicated as medically necessary.