

Case Number:	CM14-0135643		
Date Assigned:	08/29/2014	Date of Injury:	11/01/2010
Decision Date:	10/20/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 request was for physical therapy/occupational therapy 1 to 2 times a week for 12 weeks. This was signed on August 11, 2014. There was a review done. The provider agrees the patient has chronic pain and is not a surgical candidate. The diagnosis was a sprain of the hand, carpal tunnel syndrome, pain in the joint in the arm, sprains and strains of an unspecified site of the shoulder and upper arm, pain in the joint and forearm, medial and lateral epicondylitis. The injury was November 1, 2010. He works as an English teacher. The claimant has tendinitis in the hands and elbows with increasing pain allegedly due to typing. He did have physical therapy previously and is using a brace. He also has carpal tunnel syndrome. He is on Gabapentin which helped mildly. His pain is five out of 10, but it increases to 10 out of 10. There was a clinic note from July 14, 2014. He received cervical epidural injections in the past for extremity pain. They did not help. He also had a right-sided stellate ganglion block without improvement. He now tolerates work-related activities. They prescribed Gabapentin and Ketamine gel. The claimant's original injury was in 2010 and so physical therapy is not supported for chronic pain with no functional deficits noted that could not be addressed in the context of a home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/OT 1-2x 12 to bilateral hands: Upheld

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

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that "one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. The guidelines cite: "1. although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization." This request for more skilled, monitored therapy was appropriately not medically necessary.