

<b>Case Number:</b>	CM14-0080968		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42 year old female with an injury date on 01/13/2011. Based on the 04/09/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cubital tunnel syndrome, right 2. Stenosing tenosynovitis, right long and ring fingers 3. Possible lacerations, digital nerve, ulnar side, right little finger 4. Laceration flexor tendon, right little finger; status post Hunter rod placement 5. Carpal tunnel syndrome, right; status postoperative. According to this report, the patient complains of right shoulder pain and bilateral hand pain. Physical exam reveals numbness to the right hand in the median nerve distribution (50%) and left hand (10%). The patient has poor motion of the right little finger, where the two-stage Hunter rod procedure was done. Right shoulder range of motion is restricted. The 04/07/2014 report indicates "the patient currently undergoing extensive physical therapy for the shoulder and she does reports a gradual improvement." There were no other significant findings noted on this report. The utilization review denied the request on 05/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/2014 to 04/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2x week x 6 weeks:** Upheld

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

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

**Decision rationale:** According to the 04/09/2014 report by [REDACTED], this patient presents with right shoulder pain and bilateral hand pain. The treater is requesting 12 sessions of occupational therapy. The patient is status post left carpal tunnel releases in January of 2014 and is outside of post-surgical time-frame and for therapy treatments. MTUS guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, and the type of condition this patient suffers from. Review of records show the "patient currently undergoing extensive physical therapy" with gradual improvement with unknown number of sessions and time frame. The treater requested the therapy sessions "so that she can be taught the home program." However, there were no therapy reports or reference to these treatments. The treater does not discuss treatment history; does not indicate a rationale for additional therapy such as a flare-up, decline in function, a new injury, etc. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given that the patient has had undergoing extensive physical therapy, the requested 12 additional sessions exceed what is allowed per MTUS. The request is not medically necessary.