

Case Number:	CM14-0203986		
Date Assigned:	12/16/2014	Date of Injury:	07/30/2009
Decision Date:	02/10/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehabilitation 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 56 year old female with date of injury 7/03/09. The treating physician report dated 10/27/14 (25) indicates that the patient presents with pain affecting the low back. The physical examination findings of the cervical spine reveal palpable tenderness in bilateral left scapular region. Bilateral hands and wrists reveal positive Tinel sign and Phalen sign bilaterally. Thenar weakness was noted bilaterally. She has palpable tenderness in the CMC joint with positive grind test bilaterally. Examination of the lumbar spine reveals palpable tenderness in the left side paraspinal muscle region with positive bilateral leg raise and sitting position. Prior treatment history includes ESI, medication physical therapy and surgery. The current diagnoses are: 1.Cervicothoracic strain/arthrosis2.Right shoulder impingement syndrome, improved3.Left shoulder adhesive capsulitis, improved4.Status post right carpal tunnel release with a volar ganglion excision5.Possible left carpal tunnel syndrome6.Lumbosacral strain/arthrosis/discopathyThe utilization review report dated 11/04/14 denied the request for occupational therapy 8 sessions (2x4) based on lack of documentation that the patient has had a recent exacerbation or significant progression of symptoms to support another course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for 8 sessions (2x4): 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: The patient presents with low back pain. She is status post right carpal tunnel release. The current request is for occupational therapy for 8 sessions (2x4). The treating physician states that the patient has had therapy in the past but details regarding when and how much physical therapy are not provided. There is no documentation provided to indicate when the patient's carpal tunnel surgery occurred so the MTUS post surgical guidelines are not indicated. The MTUS guidelines for occupational therapy (physical medicine) recommend 8-10 sessions for myalgia and neuritis type conditions. In this case, the treating physician has not provided any documentation as to when or how many occupational therapy visits have been attended or of functional improvement with therapy. There has not been a recent flare-up or any reason that the patient should not continue on home exercise therapy or why additional occupational therapy should be authorized outside of the guidelines. Recommendation is for denial.