

Case Number:	CM15-0100151		
Date Assigned:	06/02/2015	Date of Injury:	12/31/2013
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 12/31/13. She reported bilateral hand injuries. The injured worker was diagnosed as having recurrent bilateral carpal tunnel syndrome, cervicothoracic spondylosis rule out cervical radiculopathy, rule out intra-carpal ligament tears of bilateral wrists, non-specific bilateral elbow arthralgia, lumbar spine spondylosis, status post right trigger thumb release and mild triggering of right middle finger. Treatment to date has included oral medications, bilateral wrist braces, activity restrictions and home exercise program. Currently, the injured worker complains of neck pain rated 8/10, right shoulder and left shoulder pain rated 8/10, right and left elbow pain rated 8/10, right and left wrist/hand pain rated 8/10 with stiffness, mid back pain rated 10/10 and low back pain rated 10/10. She is currently not working. Physical exam noted decreased sensation to bilateral hands, bilateral elbows tenderness to flexion, muscle spasm of the paraspinal musculature with painful range of motion and lumbar spine muscle spasm of paraspinal musculature with painful range of motion. The treatment plan included follow up appointment, Ibuprofen, request for authorization for occupational therapy 12 sessions and bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks for the bilateral wrists and hands:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for chronic pain. EMG/NCS testing in January 2015 showed findings of mild to moderate bilateral carpal tunnel syndrome. When seen, she was having bilateral wrist and hand pain and stiffness, neck and back pain, and bilateral shoulder and elbow pain. Physical examination findings included decreased hand sensation and positive Phalen's testing. There was a right third trigger finger. There was elbow tenderness and cervical and lumbar spine muscle spasms with painful range of motion. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In terms of therapy for carpal tunnel syndrome, guidelines indicate that there is limited evidence demonstrating effectiveness of therapy and recommend up to 3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of these recommendations and is not medically necessary.