

Case Number:	CM15-0011583		
Date Assigned:	01/29/2015	Date of Injury:	09/17/2010
Decision Date:	03/31/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 09/09/2014 due to an unspecified mechanism of injury. On 12/04/2014, she presented for her 23rd occupation/physical therapy session. It was noted that she had reported "RF 50% numb, SF 100%, and ulnar hand still feels burning pain/numbness though improved." It was noted that she had had elbow surgery and that this was sensitive and swollen, but improved. She rated her pain at a 7/10 at its worst and a 4/10 at its best, and a "current" 4/10. It was noted that she was making fair gains with a gradual decrease in her paresthesias and slight improvements in strength but continued to be limited by severe pain, hypersensitivity, persistent paresthesias along the forearm and hand, and grip and pinch weakness. Her problems were noted to be decreased range of motion, mild stiffness, pain, swelling, decreased sensibility, and poor strength. The treatment plan was for occupational therapy 2 times a week for 6 weeks for the left upper extremity. The rationale for treatment was to address the injured worker's pain and deficits.

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 left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines indicate that occupational therapy is recommended for 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left upper extremity. However, there is a lack of documentation showing that she has made any significant functional improvement with occupational therapy to support additional sessions. Also, she has already exceeded the allotted number of sessions for her condition. Therefore, the request is not supported. As such, the request is not medically necessary.