

Case Number:	CM15-0118937		
Date Assigned:	06/29/2015	Date of Injury:	07/13/2011
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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 35 year-old female who sustained an industrial injury on 07/13/11. She reports bilateral arm, wrist, and hand pain. Treatment included physical therapy, and right open carpal tunnel release 01/2015. In a progress note dated 03/30/15 she reports right forearm pain with aching; it is sensitive. She has numbness to the left forearm. Physical exam results were described as findings consistent with supinator syndrome and DeQuervain's tenosynovitis on the right. Additional assessment: Right radial neuritis, and bilateral carpal tunnel syndrome, right greater than left. Treatment recommendations include continuation of anti-inflammatory medication, and Occupational Therapy bilateral wrists, 2 times a week for 3 weeks. Work status is shown as "not applicable." Date of Utilization Review: 06/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient occupational therapy to the bilateral wrists, 2 times a week for 3 weeks:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 133.

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.

Decision rationale: The claimant sustained a work injury in July 2011 and underwent a right open carpal release in January 2015. When seen, she was having arm pain. Prior therapy had been helpful. There was bilateral hand weakness. Supinator stress testing was positive. There was tenderness over the radial nerve. Thoracic outlet syndrome was suspected. Diagnoses include DeQuervain's tenosynovitis, supinator syndrome, bilateral carpal tunnel syndrome, and right radial neuritis. The claimant is being treated for chronic pain. 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 this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.