MAXIMUS Federal Services

Case Number:	CM15-0121578		
Date Assigned:	07/02/2015	Date of Injury:	04/10/2004
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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 58 year old female, who sustained an industrial injury on April 10, 2004, incurring injuries to the cervical spine, lumbosacral spine and bilateral upper extremities. She was diagnosed with cervical and trapezius strain, lumbosacral strain, degenerative disc disease and repetitive strain injury of bilateral upper extremities. Treatments included physical therapy, chiropractic sessions, acupuncture, anti-inflammatory drugs, muscle relaxants, pain medications and work restrictions. Currently, the injured worker complained of frequent pain in both forearms and wrist and tingling of the hands with decreased sensation of the fingertips. Upon examination, there was noted a positive Phalen's sign bilaterally and Tinsel's sign on the left was noted. She had difficulty with grasping activities, opening jars and doing household chores, cleaning and cooking. The treatment plan that was requested for authorization included six sessions of Occupational therapy for both hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational/ Hand Therapy, Bilateral Hands, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand - Physical Therapy.

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 has a remote history of a work-related injury and continues to be treated for chronic bilateral forearm and wrist pain. When seen, she had not had therapy for more than three years. There was bilateral forearm tenderness. There was positive Tinel testing on the right and Phalen testing bilaterally. 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 the claimant has not had therapy during the previous year. The request is medically necessary.