

Case Number:	CM15-0170198		
Date Assigned:	09/10/2015	Date of Injury:	02/12/2012
Decision Date:	10/15/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/28/2015

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: Pennsylvania, Ohio, 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 58 year old female, who sustained an industrial injury on 02-12-2012. She has reported injury to the bilateral hands. The diagnoses have included complex regional pain syndrome (CRPS) in the left elbow; right carpal tunnel syndrome; status post release of left carpal tunnel syndrome and surgery at left forearm; recurrent left carpal tunnel syndrome; and bilateral ulnar nerve entrapment at both elbows. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, left stellate ganglion block, physical therapy, and surgical intervention. Medications have included Tramadol, Norco, Naprosyn, and Omeprazole. A progress report from the treating physician, dated 08-04-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persisting pain in the left anterior elbow radiating to the left shoulder and left hand; and she had a cervical sympathetic nerve block, followed by an allergic reaction response with neck choking and respiratory spasm. Objective findings included decreased left grip strengths; and acute skin pain 5cm proximal and 5 cm distal to left elbow flexion crease circumferentially. The treatment plan has included the request for occupational therapy 12 sessions, with certified hand therapist. The original utilization review, dated 08-18-2015, non-certified a request for occupational therapy 12 sessions, with certified hand therapist, as it is not clear from the records provided for review, what occupational therapy treatments have already been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 12 sessions, with Certified Hand Therapist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and apparent (though not well documented) past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.