

Case Number:	CM15-0042865		
Date Assigned:	03/13/2015	Date of Injury:	07/23/2007
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old male sustained an industrial injury to the left wrist and back on 7/23/07. Previous treatment included left carpal tunnel release, occupational therapy and medications. In a PR-2 dated 1/16/15, the injured worker complained of ongoing pain to the back and bilateral wrists as well as psyche and sleep problems. The injured worker reported that the pain was slowly improving after five sessions of therapy with the help of pain medications and muscle relaxants. Physical exam was remarkable for diminished sensation of the left fourth finger with full range of motion and grip weakness. Current diagnoses included diabetes mellitus, lumbosacral radiculitis, rule out lumbar spine disc displacement and cubital tunnel syndrome left ulnar nerve entrapment. The treatment plan included hand therapy twice a week for four weeks and continuing medications (Norco, Carbapentin, Cyclobenzaprine and Colace).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 8 Sessions 2 Times Per Week for 4 Weeks Left Elbow/Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The patient underwent carpal tunnel release on September 4, 2014. The recommended post-surgical physical medicine treatment is 3-8 visits over 3-5 weeks with post-surgical treatment of 3 months. In this case the patient started treatment November 2014 and completed 5 treatments. The post surgical treatment period has expired and is not recommended as postoperative therapy. For non-post-operative treatment, Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized. Therefore the request is not medically necessary.