

Case Number:	CM15-0061184		
Date Assigned:	04/07/2015	Date of Injury:	05/07/2014
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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, West Virginia, Pennsylvania
 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 38 year old woman sustained an industrial injury on 5/7/2014. The mechanism of injury is not detailed. Diagnoses include left shoulder impingement syndrome, cervical and upper thoracic strains, and left carpal tunnel syndrome. Treatment has included oral medications. Physician notes dated 3/16/2015 show complaints of increased neck pain and stiffness with radiation to the left shoulder and upper back. Recommendations include electrodiagnostic studies of the bilateral upper extremities, Voltaren ER, Protonix, Tylenol #3, Flexeril, physical therapy, occupational therapy, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for left carpal tunnel syndrome, twice weekly for three weeks:

Upheld

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

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

Decision rationale: Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the reports indicate that the patient has had OT in the past for carpal tunnel syndrome. There is no documentation of the amount of OT the patient has had to date and no documentation of objective functional benefit with previous OT. The request for occupational therapy for carpal tunnel syndrome 2x/week for 3 weeks is not medically appropriate and necessary.

Physical therapy for deep tissue mobilization for the cervical thoracic strain, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

Decision rationale: Guidelines state that patients are instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient has had PT for the neck. However, there is no documentation regarding the amount of therapy the patient has had to date and no documentation of objective functional benefit with previous PT. The request for physical therapy cervical-thoracic spine 2x/week for 3 weeks is not medically appropriate and necessary.