

Case Number:	CM15-0066707		
Date Assigned:	04/14/2015	Date of Injury:	07/28/1995
Decision Date:	05/18/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/08/2015

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:

The injured worker is a 62 year old female with an industrial injury date of 03/31/1996-03/31/1997. Her diagnosis includes cervical/thoracic strain/arthrosis/discopathy with foraminal stenosis, status post left carpal tunnel release, de Quervain's release, status post right carpal tunnel release and psychiatric diagnosis. Prior treatment included surgery, occupational therapy and medications. She presents on 02/09/2015 for follow up after she had finished occupational therapy for her left wrist several months prior. She reports an increase in pain with radicular symptoms in the hands bilaterally since finishing occupational therapy. Physical exam revealed tenderness to palpation in bilateral wrists. The injured worker stated she does well with occupational therapy and it has helped manage her pain versus taking pain medication. Treatment plan included medications, follow up visit, home exercises and occupational therapy for right wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, twice weekly for four weeks: Upheld

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

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

Decision rationale: 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. In this case the patient had prior treatment with 12 visits of occupational therapy. The additional requested 8 visits would bring the total to 20 visits. This surpasses the recommended maximum of 10 visits. The request is not medically necessary.