

Case Number:	CM15-0074139		
Date Assigned:	04/24/2015	Date of Injury:	03/01/2011
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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 39 year old female, who sustained an industrial injury on March 1, 2011. The injured worker was diagnosed as having left radial tunnel syndrome, bilateral forearm tendinitis, trapezial and parascapular strain, and status post right radial tunnel release. Treatment to date has included right radial tunnel release, occupational therapy, electrodiagnostic testing, physical therapy, and medication. Currently, the injured worker complains of pain and numbness in the right arm, and pain in the left elbow which radiates down the dorsal forearm to the wrist and hand. The Primary Treating Physician's report dated March 19, 2015, noted the injured worker doing well after the right radial tunnel release in June 2014, with pain in the right arm improved with therapy. Physical examination was noted to show moderate radial tunnel tenderness on the left, and minimal radial tunnel tenderness on the right. Provocative maneuvers for radial tunnel syndrome were positive on the left, and the impingement sign was equivocal at the shoulders bilaterally. The treatment plan was noted to include continued occupational therapy, and a recommendation for a left radial tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 6 weeks for the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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 completed 24 occupational therapy visits to the wrists, 16 occupational therapy visits for the hands and 12 physical therapy visits since right radial tunnel release surgery on May 29, 2014. The post surgical therapy treatment period had expired. The requested number of 12 visits brings the total to 64 visits. This surpasses the recommended maximum for treatment. The request should not be authorized. Therefore the request is not medically necessary.