MAXIMUS Federal Services

Case Number:	CM15-0094032		
Date Assigned:	05/20/2015	Date of Injury:	08/30/2011
Decision Date:	06/19/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 was a 52 year old female, who sustained an industrial injury, August 30, 2011. The injured worker previously received the following treatments right ulnar nerve decompression with medial epicondylectomy, Voltaren, Protonix, Neurontin, Cymbalta, random toxicology laboratory studies negative for any unexpected findings and right cubital tunnel injection. The injured worker was diagnosed with status post right ulnar nerve decompression with medial epicondylectomy, persistent bilateral ulnar neuropathies, mild bilateral carpal tunnel syndrome and cervical thoracic musculoskeletal strain. According to progress note of April 27, 2015, the injured workers chief complaint continued tingling in the ring finger and small finger of the right hand. The injured worker was having persistent aching and mild tenderness involving the right forearm with associated hand weakness, which was aggravated by activity. The injured worker reported less tingling and improved sensory function with the use of gabapentin. The physical exam noted substantial tenderness of the anterior to the medial epicondyle on the right side. There was significant tenderness of the focal nature over the left cubital tunnel. There was diffuse tenderness noted in the paracervical region on both sides as well as over both rhomboid major muscles. There was mild tenderness of the carpal tunnels. There was decreased sensation to touch in both small fingers and ulnar margin of both ring fingers, Jamar testing demonstrated moderate right sided weakness and mild left handed weakness. The treatment plan included 6 occupational therapy sessions for the bilateral wrists and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Occupational therapy sessions for the bilateral wrists and forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The 6 Occupational therapy sessions for the bilateral wrists and forearm is not medically necessary and appropriate.