

Case Number:	CM14-0157040		
Date Assigned:	09/30/2014	Date of Injury:	06/15/2011
Decision Date:	11/06/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 06/15/2011. The date of the utilization review under appeal is 08/19/2014. The patient's diagnoses include a cumulative trauma disorder both upper extremities, positive cervical radiculopathy, bilateral radial tunnel syndrome, and possible carpal tunnel syndrome. On 08/13/2014, the patient was seen in follow-up and noted to have weakness in the left forearm. The patient's primary complaint was pain throughout her right upper extremity, particularly in the right proximal forearm. The patient reported decreased neck discomfort. On exam, the patient had mild to moderate right radial tunnel tenderness with intact motor and sensory exam and a positive Tinel's of the right median nerve. The treating physician dispensed Voltaren, Protonix, Ultram, and Flexeril and planned occupational therapy 3 times a week for 4 weeks with reevaluation in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy of the Bilateral wrists/hands (ONLY): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an independent home rehabilitation program. This is a notably chronic injury which is several years old. The treatment guidelines anticipate that this patient would have transitioned to an independent home rehabilitation program prior to the current time frame. The records contain very limited discussion of prior physical medicine treatment and do not discuss a rationale as to why the patient requires additional supervised therapy rather than continued independent home rehabilitation. This request is not medically necessary.