

Case Number:	CM13-0010169		
Date Assigned:	09/24/2013	Date of Injury:	09/24/2010
Decision Date:	01/21/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 09/24/2010. The primary diagnosis is carpal tunnel syndrome. The treating physician notes report the additional diagnoses of a repetitive strain injury with related cervical strain, right shoulder tendinitis and impingement, right elbow tendinitis, radial tunnel syndrome, and right wrist flexor and extensor tendinitis. On 04/26/2013, the patient was seen by her treating physician and noted to be a 35-year-old woman with pain in the right hand radiating to the shoulder. The patient reported that she injured her hand after repetitive ice cream scooping in 2010 and was subsequently treated with physical therapy with minor relief. The pain improved with light duty. The past electrodiagnostic studies in 2011 were noted to show no abnormalities. On physical examination the patient had tenderness to palpation in the shoulder with impingement, rotator cuff loading, and a negative Tinel's sign at the cubital tunnel the patient had tenderness to palpation at the medial and lateral epicondyles and over the radial tunnel and the proximal extensors. The treating physician felt the patient had very distinct symptoms of carpal tunnel syndrome, including sensory deficit in the thumb and index finger, and the physician therefore recommended repeat electrodiagnostic studies. Given multiple repetitive strain injuries, the physician recommended a repetitive strain injury program at a hand clinic including therapy two times a week x 6 weeks. The initial physician review notes that the patient already had a course of physical therapy in the past with no long-term lasting benefit and the patient would be anticipate to have been instructed in a home exercise program previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends, "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient therefore would be anticipated to have been previously instructed in an independent home exercise program. The medical records indicate that the treating physician has specifically recommended training to address a repetitive strain injury. Yet, the same treating physician notes a strong suspicion of carpal tunnel syndrome for which electrodiagnostic testing has been recommended. I note the California Medical Treatment Utilization Schedule section on carpal tunnel syndrome, page 15, states, "There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery...Benefits need to be documented after the first week and prolonged therapy visits are not supported." Thus, if the treating physician's diagnostic suspicions are correct, and then the current physical therapy would not be indicated or beneficial. At minimum, this requested occupational therapy should be deferred pending further clarification of the diagnosis. Alternatively, the guidelines would anticipate a specific prescription by the treating physician clarifying the particular techniques and goals to be addressed which require additional supervised rather than independent therapy. For these reasons at this time, this request is not medically necessary.