

Case Number:	CM13-0013373		
Date Assigned:	12/11/2013	Date of Injury:	10/25/2011
Decision Date:	01/15/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 & 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 patient is a 62-year-old male who reported an injury on 10/25/2011. The patient was recently evaluated by [REDACTED] on 10/15/2013. Physical examination revealed trapezial and parascapular tenderness on the right, mild tenderness over the right carpal tunnel scar, positive Tinel's testing on the left, positive Phalen's testing on the left, and diminished grip strength on the right. The patient is diagnosed with status post right carpal tunnel release with ulnar nerve decompression, status post excision of soft tissue mass in the right index finger and hand, right forearm tendinitis, right radial tunnel syndrome, trapezial and paracervical strain, and left carpal tunnel syndrome. Treatment recommendations included occupational therapy twice per week for 6 weeks and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right wrist twice a week for six weeks: 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 Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. Postsurgical treatment following endoscopic carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The postsurgical physical medicine treatment period includes 3 months. As per the clinical notes submitted, the patient underwent right carpal tunnel release on 06/03/2013. The patient completed 12 sessions of postoperative occupational therapy. The patient is no longer within the postsurgical physical medicine treatment period. The ODG state medical treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. Medical treatment for pain in a joint includes 9 visits over 8 weeks. The latest physical therapy progress note was submitted on 08/02/2013. The patient continued to report moderate to severe pain with very minimal improvement demonstrated in range of motion. The patient is independent with a home exercise program. The current request for occupational therapy for the right wrist 2 times per week times 6 weeks is in excess of Guideline recommendations. The request for occupational therapy for the right wrist is not medically necessary and appropriate.