

Case Number:	CM13-0019094		
Date Assigned:	01/10/2014	Date of Injury:	08/30/2011
Decision Date:	05/02/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	09/03/2013

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, has a subspecialty in Interventional Spine 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 patient is a 38 YO female with date of injury of 08/30/2011. The listed diagnoses per [REDACTED] dated 07/01/2013 are bilateral carpal tunnel syndrome, right carpal tunnel release, 2012 and left carpal tunnel release. According to the progress report, the patient states that she is still having a lot of pain and swelling in her hands/wrist radiating up to her elbows. She reports that her right hand pain is radiating up into her shoulder. The objective findings show positive Phalens' and Tinel's sign on the right. There is mild swelling with no gross instability in the hands/wrist. The provider is requesting 18 physical or occupational therapy sessions and a bilateral hand splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PHYSICAL THERAPY OR OCCUPATIONAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: This patient presents with bilateral hand/wrist pain. The provider is requesting 18 physical /occupational therapy sessions. The review of 179 pages of records do not show any recent or prior physical therapy reports of the wrist to verify how many treatments and with what results were accomplished. This patient is status post bilateral carpal tunnel release from 2012, so post-operative therapy guidelines do not apply. The current request seems to address the patient's generalized pain. The California MTUS Guidelines page 98, 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. In this case, the current request for 18 sessions exceeds what is allowed by MTUS. It may be reasonable to provide a short course of therapy for this patient's persistent symptoms, but given that the request exceeds what is recommended by MTUS, recommendation is for denial.

DME: BILATERAL HAND SPLINT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) WORK LOSS DATA INSTITUTE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

Decision rationale: This patient presents with bilateral hand/wrist pain. This patient is status post bilateral carpal tunnel release from 2012. The provider is requesting a bilateral hand splint. The utilization review denied that request stating that night splinting as recommended by MTUS should have been addressed a long time ago. The ACOEM guidelines page 265 states that evidence supports the efficacy of neutral wrist splints. Additionally, it should be used at night/day depending upon activity. The records do not show that the patient has been prescribed or has been using a wrist splint in the recent past. Given the patient's diagnosis of carpal tunnel syndrome, a bilateral wrist splint is recommended.