

Case Number:	CM13-0021442		
Date Assigned:	11/20/2013	Date of Injury:	06/08/2009
Decision Date:	01/29/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty Certificate 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 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 41-year-old female with a date of injury of 6/8/09. A prior treating physician's progress report, dated 3/18/13, noted that the patient's diagnoses include: cubital tunnel syndrome (right), stenosing tenosynovitis (right long and ring fingers), possible laceration: digital nerve, ulnar side, right little finger, laceration: flexor tendon, right little finger: status post hunter rod placement, carpal tunnel syndrome (right). The requesting physician's progress report, dated 7/31/13, noted that the patient continued with right wrist and hand pain. Exam findings indicated that the patient had decreased range of motion of the right wrist, as compared to the left. It was noted that the patient did report some improvement with occupational therapy for the right wrist. Recommendation was for additional occupational therapy 12 visits. The utilization review letter, dated 8/22/13, noted that the patient underwent a carpal tunnel release of the right wrist on 6/13/13. The patient has received four post-operative visits of occupational therapy. The requested 12 visits was modified to four additional visits for the right hand, as she has completed four visits and the guidelines allow for eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy, 2 x per week for 6 weeks for the Right Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The utilization review letter dated 8/22/13 noted that the patient underwent a carpal tunnel release of the right wrist on 6/13/13. She has received four postoperative visits of occupational therapy. The requested 12 visits was modified to four additional visits for the right hand, as she has completed four visits and the guidelines allow for eight sessions. The requesting provider's progress report, dated 7/31/13, noted that the patient did report some improvement with occupational therapy for the right wrist. The postsurgical treatment guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The guidelines indicate that a general course of therapy, in this case, is up to eight visits over 3 to 5 weeks. In this case, the patient has yet to finish a general course of therapy, and the treating physician did not provide any discussion about additional functional improvement that might be gained by the additional therapy requested. Recommendation is for denial.