

Case Number:	CM13-0023018		
Date Assigned:	11/15/2013	Date of Injury:	10/11/2011
Decision Date:	02/13/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

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 Preventative Medicine and Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for multiple trigger fingers, upper extremity pain, and carpal tunnel syndrome reportedly associated with an industrial injury of October 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; topical compounds; prior carpal tunnel release surgery of January 17, 2013; electrodiagnostic testing of July 12, 2013, notable for mild compression of the right median nerve; and work restrictions. In a utilization review report of August 28, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. A July 15, 2013 progress note is notable for comments that the applicant has completed 8 of 12 sessions of physical therapy. The therapy only helped somewhat, it is stated. The applicant's pain ranges from 7/10 after medications and 9/10 without medications. The applicant is given diagnosis of carpal tunnel syndrome, continued numbness about the left upper extremity, left middle finger and trigger finger. The applicant is asked to continue nighttime splinting, obtain 12 sessions of occupational therapy, and employ Lodine for pain relief. A rather proscriptive 5-pound lifting limitation is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8,99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 8 to 10 sessions of treatment is recommended for neuralgias and neuritis of various body parts, reportedly present here. The MTUS further endorses tapering or fading the frequency of physical therapy over time, active therapy, active modalities, and self-directed home physical medicine. In this case, however, the treatment being requested here in the amount of 12 sessions seemingly represents treatment well in excess of the MTUS Guideline, which further endorses tapering or fading the frequency of treatment over time and also endorse demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant is not clearly demonstrating functional improvement as defined in MTUS 9792.20f through the prior 8 to 12 sessions of therapy. The applicant did not clearly return to work. There is no evidence of diminishing work restrictions, improved performance of activities of daily living or reduction in dependence on medical treatment achieved as a result of the prior 8 to 12 sessions of occupational therapy. Therefore, the request for continued therapy is not certified, for all of the stated reasons. â¿¿