

Case Number:	CM13-0023841		
Date Assigned:	11/15/2013	Date of Injury:	10/13/2010
Decision Date:	01/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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 10/13/2010. The primary diagnosis is 723.4 or brachial neuritis. Additional diagnoses include carpal tunnel syndrome, status post right carpal tunnel release of June 2011, acromioclavicular arthralgia, and radial styloid tenosynovitis. The patient is also status post a prior lumbar fusion, and the patient also underwent a left carpal tunnel release in February 2013. A prior physician review of 09/04/2013 noted that the patient had already received 6 visits of physical therapy and also recent occupational therapy visits for this injury, and there was no evidence of ongoing significant progressive functional improvement from this physical occupational therapy and noted that the patient had full range of motion. Therefore, the prior reviewer concluded that this patient could continue with an independent home rehabilitation program rather than additional supervised therapy. On 08/26/2013, the patient was seen in orthopedic follow-up. The patient was noted to have a history of a non-traumatic complete rotator cuff tear as well as a recent carpal tunnel release. That note indicates the patient had been in occupational therapy with functional improvement status post a left carpal tunnel release of 02/07/2013 and the patient requested an OT extension. The patient also reported ongoing right shoulder pain as described before. The patient had been in physical therapy with functional improvement. Additional therapy was requested

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy; six (6) visits (1-2 x 3-4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The Post Surgical Treatment Guidelines, 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 3-12 visits over 4 weeks after surgery...Benefits need to be documented after the first week and prolonged therapy visits are not supported." The medical records in this case do not provide a rationale as to why this patient would require additional therapy beyond these guidelines. This request is not medically necessary.

Physical Therapy; six (6) visits (1-2 x 3-4): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. The medical records do not provide a rationale as to why this patient would instead require additional supervised rehabilitation. This request is not medically necessary.