

Case Number:	CM13-0025745		
Date Assigned:	11/20/2013	Date of Injury:	01/18/2011
Decision Date:	01/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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 59 year old, female with a date of injury of 1/18/11. The patient is s/p DeQuervains and Carpal tunnel release from 12/3/12. The patient presents with persistent symptoms in the wrist, fingers and hand. There is tenderness to palpation over the right wrist, increased pain with flexion, but can make a fist, per [REDACTED] report from 7/17/13. The patient did complete 12 sessions of post-operative therapy that started in March 2013. By the 5/22/13 follow-up, the patient continued to experience pain with exam showing diminution to light touch and pinprick of all five fingers with positive Tinel's over medial and ulnar nerves. The treater has requested 8 additional occupational therapy visits. This request was denied by UR on 9/4/13, stating that there was lack of functional progress after completing 11 of the 12 visits authorized, and that the request for additional 8 sessions would exceed guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Occupational Therapy Session: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: This patient continues to experience pain in the wrist and hand despite surgical release of the DeQuervains and Carpal Tunnel from 12/3/12. The treater has asked for 8 additional sessions of therapy, stating that when the patient was going to therapy regularly twice weekly, she was making progress. An updated EMG/NCV study was performed, but the results are not available for my review. MTUS guidelines have specific recommendations for post-surgical therapy treatments. For DeQuervains release, 14 visits over 12 weeks are recommended. The current request, however, is outside of post-surgical time-frame and the request can be reviewed under the general therapy guidelines where 8-10 sessions are recommended for neuritis, radiculitis, myositis type of symptoms. Furthermore, the patient's symptoms have now expanded to include all five fingers, and have positive Tinel's over the ulnar nerve as well. A change in clinical scenario, diagnosis, or significant decline in function does warrant additional treatments. Although the patient has had adequate post-operative therapy, given the patient's persistent symptoms outside of post-operative time-frame, recommendation is for authorization of the requested 8 sessions of therapy.