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| Case Number: | CM13-0042153 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/21/2008 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 Pain Management 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 claimant is presented with a date of injury of October 21, 2008. A utilization review determination dated October 9, 2013 recommends non-certification of occupational therapy. Non-certification is recommended since the patient has undergone 8 postoperative visits for the left wrist, 30 postoperative visits for the right wrist, and 24 postoperative visits for the left arm to date. A progress report dated August 12, 2013 indicates that the patient recently underwent a left carpal tunnel release with ulnar nerve decompression at the wrist. Objective examination findings identify swelling. The treatment plan recommends occupational therapy twice weekly for the next 6 weeks. An operative report dated August 5, 2013 identifies that a left carpal tunnel release and left ulnar nerve decompression at the wrist was performed. A progress report dated September 25, 2013 indicates that the patient "has demonstrated progress with therapy." Treatment plan recommends additional occupational therapy twice weekly for the next 6 weeks. An operative report dated July 12, 2010 identifies that the patient underwent right carpal tunnel release. An operative report dated January 23, 2012 indicates that the patient underwent left elbow arthroscopy, and epicondylectomy. A progress report dated December 18, 2013 identify subjective complaints of persistent pain in triggering of the right long finger with decreased sensation in the left hand. Objective examination findings identify tenderness at the A1 pulley of the right long finger with mild tenderness over the carpal tunnel scar. Additionally, grip strength is diminished. Diagnoses include right long trigger finger, De Quervain's tenosynovitis, trapezium and paracervical strain, status post left carpal tunnel release, status post left lateral epicondylar repair and radial tunnel release, and status post right carpal tunnel release. The treatment plan recommends a corticosteroid injection in the right long trigger finger. A progress report dated January 29, 2014 identifies that triggering in the right long finger has improved

since the corticosteroid injection. The treatment plan recommends continuing use of the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy sessions, two times a week for six weeks for the left elbow, right long finger, and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it is unclear exactly how many therapy sessions have been provided for postoperative treatment. It is therefore unclear, if the currently requested number of therapy sessions would exceed the maximum number recommended by guidelines for each of these individual diagnoses. The request for 12 post-operative physical therapy sessions, twice a week for six weeks for the left elbow, right long finger, and bilateral wrist is not medically necessary and appropriate.