MAXIMUS Federal Services

Case Number:	CM13-0043989		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2010
Decision Date:	05/16/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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:

This case involves a 54 year-old male and his 7/01/2010 industrial injury claim. He has been diagnosed with lumbar strain with right S1 radiculopathy; cervical strain with degenerative disc disease; prior cervical spine surgery in 1996; history of right elbow loose bodies and possible internal derangement; severe right CTS; s/p left carpal tunnel release; s/p right cubital and carpal tunnel release on 7/30/13; s/p left cubital tunnel release on 9/18/12; prior ORIF left tibia in 1996; and complaints of depression, anxiety and sleep difficulties. According to the 8/6/13 report from [redacted], the patient presents with 6/10 pain, being 1-week post-op for right cubital and carpal tunnel release. [redacted] requests postsurgical OT 2-3x/week for 6 weeks for the right wrist and elbow. On 9/26/13 UR provided a retrospective modification to allow 4 sessions for the right wrist and 9 sessions for the right elbow. The 9/25/13 PT reevaluation report shows good progress with increased strength, decreased pain and numbness, but still has limitations in AROM and some tingling is still present. Pain was reported at 5-8/10 initially, and was 3/10 by 9/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR OCCUPATIONAL THERAPY 3 TIMES A WEEK TIMES 6 WEEKS FOR THE RIGHT WRIST, HAND AND ELBOW: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the 8/6/13report, the patient presents with 6/10 pain, being 1-week post-op for right cubital and carpal tunnel release. [redacted] recommended postsurgical occupational therapy 2-3x/week for 6 weeks for the wrist and elbow. UR modified the request allowing 13 sessions. The 9/25/13 PT reevaluation report documented improvement in grip strength, pain and numbness, but noted there was still tingling and room for additional improvement in active range of motion. The MTUS postsurgical guidelines state the initial course of care for CTR is 2-4 visits, and the general course is 3-8 visits; and for cubital tunnel release, the initial course is 10 visits, and the general course is 20 visits. The MTUS postsurgical physical medicine treatment timeframe for CTR is 3 months, and for cubital tunnel release is 6 months. MTUS states :" 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" And: "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." On retrospective review, the patient had improvement with the initial course of postsurgical OT, and extending therapy to the general course of care is appropriate. The general course of care for CTR is 8 sessions, and for the cubital tunnel release is 20 sessions. On 8/6/13, the request for initial OT would have exceeded the MTUS recommendations for an initial course of therapy, but on retrospective review with the benefit of the 9/25/13 PT re-evaluation showing functional improvement, the request for 18 sessions of OT did meet the MTUS postsurgical guideline criteria. Therefore, the request is medically necessary.