

Case Number:	CM13-0044399		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2012
Decision Date:	02/26/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 & 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 reported a date of injury on 03/07/2012. The progress report dated 07/19/2013 by [REDACTED] noted that the patient was postop from his carpal tunnel release on 07/08/2013. It was noted that the patient had good muscle tone and strength, and his numbness and paresthesias are totally reversed in the left hand. The treater discussed with the patient strengthening exercises and recommended 12 sessions of occupation therapy. Therapy progress report dated 09/19/2013 indicated that the patient had completed 6 authorized visits of occupation therapy for his left carpal tunnel release. It was noted that the patient had a previous surgery on the right wrist, and the patient had slower progress of recovering on the left wrist compared to the right wrist. The left wrist had more swelling and pain, more pillar pain. It was noted that therapy had just been started for more progressive strengthening, and the patient was making progress. [REDACTED], the occupational therapist, requested 6 additional visits to improve strength and decrease pillar pain/adhesions. The progress report dated 09/27/2013 by [REDACTED] indicated that the patient had made considerable progress in therapy, increased strength. He has about 60 pounds of grip strength on the hands and minimal edema. Recommendation was for the patient to follow up in 6 weeks, and the request was made for additional therapy. The frequency and duration on the request for authorization form was 2 times a week for 6 weeks. The progress report dated 11/08/2013 by [REDACTED] indicates the patient reported no numbness or tingling. The patient, however, did complain of pain at the wrist with occasional cold sensitivity. The treater discussed range of motion exercises with the patient. It was noted that further therapy was denied, and the treater opined that another 6 visits would be helpful for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for occupational therapy 2 x week x 6 weeks left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The records indicate that the patient has received 6 sessions of occupational therapy status post carpal tunnel release surgery on 07/08/2013. The physical therapy progress report on 09/19/2013 indicates that the patient had made slower progress than anticipated and had just begun a more aggressive therapy. The progress report dated 11/08/2013 by [REDACTED] indicates that the patient continued with pain at the wrist with occasional cold sensitivity. Further therapy was denied at this point. No other physical therapy notes were provided for review between 09/19/2013 and 11/08/2013. The postsurgical treatment guidelines for carpal tunnel syndrome recommend 3 to 8 visits over 3 to 5 weeks. The postsurgical physical medicine treatment period is 3 months. Postsurgical treatment guidelines further states that 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. The request for 12 additional occupational therapy visits for the left wrist which was made on 09/27/2013 was requested at a frequency of 2 times a week for 6 weeks. The patient was approximately 2 and a half months status post carpal tunnel release surgery. If the therapy had been resumed, approximately 4 of the 12 sessions may have been completed within the postsurgical physical medicine treatment period, and the additional 8 sessions would have been outside the postsurgical treatment period. No physical therapy progress reports were reported or were made available for review between 09/27/2013 and 11/08/2013. If authorization were to be made at this point, the physical therapy treatment would be outside the postsurgical treatment time period. The chronic pain MTUS Guidelines page 98 and 99 regarding physical medicine allows for a maximum of 10 visits for neuralgia, neuritis, and radiculitis. The request for 12 additional physical therapy sessions exceeds the guideline limits. Therefore, recommendation is for denial.