

Case Number:	CM13-0048717		
Date Assigned:	05/21/2014	Date of Injury:	06/10/2010
Decision Date:	09/16/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 underlying date of injury in this case is 06/10/2010. The patient's reference diagnoses are carpal tunnel syndrome and tenosynovitis. The patient is status post a right carpal tunnel release in 2010. A follow-up electrodiagnostic study in October 2013 demonstrated no carpal tunnel syndrome on the left side. On 09/09/2013, the patient was seen in followup with stiffness in the left hand digits. Of note, the patient has been diagnosed with a connective tissue rheumatological condition. Previously the patient has received 32 sessions of physical therapy. On 09/09/2013, the patient was seen by her primary treating physician. The patient was noted to have left carpal tunnel syndrome as well as right carpal tunnel syndrome status post carpal tunnel release and also bilateral digital stiffness due to a connective tissue disorder versus polyarthropathy or tenosynovitis. The treating physician was concerned about loss of motion, and therefore the treating physician recommended immediate occupational therapy to regain the motion at the patient's digits. A prior physician review noted that the patient's stiffness was not likely to improve with occupational or hand therapy and noted that the patient had already received 32 sessions of therapy. Therefore, that physician concluded that additional hand therapy was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY 3X2 BILATERAL WRIST: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, pages 98-99, recommends active therapy individualized to a particular patient, transitioning to an independent home rehabilitation program. The medical records in this case outline a clear change in the patient's clinical status with worsening of range of motion and stiffness which continues under rheumatological/diagnostic evaluation. In this situation, given change in the patient's status, a request of occupational therapy in order to review and revise an existing home rehabilitation program is supported by the guidelines. The prior review notes that there is no evidence that this will help the patient's condition. Again, the medical record documents a fundamentally new clinical situation with an evolving rheumatological condition which may be amenable not only to teaching the patient active range of motion exercises but also home palliative measures such as use of Parafon. This request is supported by the treatment guidelines. This request is medically necessary.