

Case Number:	CM13-0053221		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2012
Decision Date:	04/29/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Anesthesiology, 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:

According to the records made available for review, this is a 56-year-old female with a 4/27/12 date of injury, and 4/12/13 right carpal tunnel, trigger middle finger, and ring finger release. At the time (11/5/13) of request for authorization for occupational therapy once a week for six weeks, there is documentation of subjective (bilateral hand and left wrist pain; and numbness in tingling that is more prominent in the left hand) and objective (tenderness over the volar aspect of the wrists and base of the right basilar joint; and 4/5 strength of the fingers on the right hand) findings, current diagnoses (carpal tunnel syndrome, right trigger finger, left trigger finger, and status post right carpal tunnel surgery), and treatment to date (occupational therapy and home exercise program). Medical report identifies that since starting occupational therapy, patient "can now dress herself, cook, and can hold a pen;" and that the patient started additional occupational therapy for the right hand and is having slow improvement with range of motion. The number of previous occupational therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of occupational therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY ONCE A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARPAL TUNNEL RELEASE Page(s): 15-16.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome, right trigger finger, left trigger finger, and status post right carpal tunnel surgery. In addition, there is documentation of status post right carpal tunnel, trigger middle finger, and ring finger release on 4/12/13 and previous occupational therapy. However, there is no documentation of the number of previous occupational therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, given documentation of a 4/12/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Furthermore, despite documentation that patient can now dress herself, cook, and hold a pen since starting occupational therapy, and given documentation of slow improvement with range of motion with additional occupational therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of occupational therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for occupational therapy once a week for six weeks is not medically necessary.