

Case Number:	CM13-0056817		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2011
Decision Date:	03/21/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic neck, bilateral elbow, and bilateral wrist pain associated with an industrial injury of August 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a left elbow lateral epicondylar debridement surgery in November 2012; a right elbow lateral epicondylar surgery in 2002; an MRI of the left wrist of October 2012, demonstrating ganglion cyst; carpal tunnel release surgery and ganglion cyst removal surgery on October 1, 2013; and extensive periods of time off of work, on total temporary disability. In a clinical progress note of October 15, 2013, the attending provider writes that the applicant is using Norco, Soma, and oral contraceptive. The applicant reports persistent neck, shoulder, bilateral wrist, and bilateral elbow pain. The applicant has a surgical incision line present about the left wrist with associated swelling and heightened tenderness to touch. The applicant is status post ganglion cyst removal and carpal tunnel release surgery on October 1, 2013. Persistent pain is noted. The applicant is placed off of work, on total temporary disability, and asked to obtain 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3.a.2, an initial course of therapy following a surgical procedure needs one half of the number of visits specified in the general course of therapy for the specific surgery. In this case, this request seemingly represents a request for initial postoperative occupational therapy following the ganglionectomy and carpal tunnel release surgery performed on October 1, 2013. As noted in MTUS 9792.24.3, a general course of three to eight sessions of treatment is recommended following carpal tunnel release surgery, while a general course of 18 sessions of treatment is recommended following ganglionectomy. In this case, the applicant underwent both a ganglionectomy and a carpal tunnel release procedure, contrary to what was suggested by the claims administrator. Adding the overall course of treatment following a ganglionectomy, 18 sessions, with the maximum overall course recommended following a carpal tunnel release surgery, eight sessions, yields a 26-session overall total course. Dividing 26 by 2 results in 13. Thus, the 12-session course of occupational therapy proposed by the attending provider did conform to MTUS parameters. Therefore, the original utilization review decision is overturned. The request is retrospectively certified, on Independent Medical Review.