

Case Number:	CM13-0058172		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2012
Decision Date:	03/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 patient is a 40 year old female who was injured in early May 2012 when she had onset of intermittent pain, numbness and tingling of her right wrist, hand and the long and ring fingers. She noted symptoms performing data entry at work. On 10/03/2013, the patient was noted to have a six-month history of pain and stiffness in left arm and hand and intermittent numbness and tingling in left hand and thumb, index, and long fingers. Prior treatment history has included wrist splint, smart glove, physical therapy, heat and cold therapy. She underwent right carpal tunnel release in October 2012 and an exploratory right carpal tunnel release in February 2013. The patient received physical therapy after the surgery as well (exact quantity unknown according to records provided). Medications have included Naprosyn and Ibuprofen 800 to 1, 200 mg. A report dated 12/20/2012 documented the patient to have complaints of intermittent pain, rated as 6 to 7/10, as well as swelling of her right wrist, hand, long and ring fingers. She stated there was less numbness and pain in her right thumb. The index, long, ring and small fingers are worse. She complained of numbness and slight tingling of her right long and ring fingers, which she stated was worse since surgery and worse at the end of the day. She complained of being unable to make a complete fist with her hand because of inability to completely move her right index, long, ring, and small fingers. She complained of loss of grip strength in her right hand. A PR-2 of complex orthopedic re-evaluation dated 10/31/2013 documented the patient was advised to continue with hand therapy on the right. She had continued with hand therapy and stated she had some improvement. Objective findings on exam included the right hand had a positive Tinel's sign from the hand surgical scar to the radial ring finger DIP crease. She had a positive Tinel's sign to the right ulnar long finger to immediately proximal to the DIP crease. She had full flexion of all fingers of the right hand. The proximal interphalangeal joint extended to 160/180 degrees at the index finger, 150/180 degrees at the

long finger, 160/180 degrees at the ring finger and 170/180 degrees at the small finger. On the right, testing with a Wartenberg pinwheel revealed the thumb and index finger and radial half of the long finger to have comparable sensibility to the small finger. The left wrist revealed no tenderness. There was a positive Tinel's sign to the palm, proximal to the median-innervated fingers. There was a positive Durkan sign and a positive Phalen's sign. Sensibility testing on the left revealed diminished sensibility in the thumb, index and long fingers. The radial half of the ring finger had comparable sensibility to the ulnar half. The patient was diagnosed with bilateral carpal tunnel syndrome, status post right carpal tunnel release, neuroma, median nerve branch to the adjacent areas of the long and ring fingers, with excision of neuroma and secondary microneurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy for the right hand x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient has completed 36 post-operative occupational therapy sessions, which is well above the MTUS Postsurgical Guidelines' recommendations. There has been little improvement in pain or function associated with the latest therapy sessions. Further history and examination findings do not support additional therapy in excess of the MTUS Postsurgical Guidelines' recommendations, and a clear rationale for exceeding these recommendations is not provided. Therefore, the request for additional occupational therapy is not medically necessary and appropriate.