

Case Number:	CM13-0058216		
Date Assigned:	12/30/2013	Date of Injury:	03/13/2013
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation; 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:

The patient is a female patient with a date of injury of March 13, 2013. A progress note dated August 21, 2013 identifies subjective complaints of the burning sensation in the lateral aspect of the left elbow and on the medial aspect of the right elbow, wrist pain that is worsened with activity, morning time difficulty flexing her finger, and night-time numbness and tingling in her fingers. Physical examination identifies a positive Tinel's sign over at the median nerve at the right and left wrist, swelling and the presence of a ganglion cyst on the dorsum of the right wrist, full range of motion of the fingers, wrists and elbows, negative Finkelstein test, Tinel's sign is negative over bilateral medial and ulnar nerves at the elbows, medical epicondyle tenderness on the right side, and lateral epicondyle tenderness on the left. Diagnoses included bilateral epicondylitis, bilateral finger stenosing tenosynovitis, wrist pain, and carpal tunnel syndrome. The treatment plan recommends carpal tunnel release surgery of the right wrist, along with a history and physical, blood work, postoperative splint, and 6 to 12 physical therapy sessions. The patient underwent right carpal tunnel release surgery on October 29, 2013. The request for the 12 occupational therapy sessions and an [REDACTED] splint was placed on November 13, 2013 on a treatment order form, without submission of any further documentation from the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2X6 (12 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The California MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 3-5 visits over 4 weeks after surgery, with a maximum of eight visits. Within the documentation available for review, the patient has had four postoperative therapy sessions that have been certified but not completed. Furthermore, there is no indication of any objective functional improvement from the postoperative therapy already certified, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Finally, the currently requested number of visits exceeds the maximum number recommended by guidelines. In the absence of such documentation, the current request for 12 occupational therapy visits is not medically necessary.

PREFAB [REDACTED] WRIST COCK UP SPLINT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting

Decision rationale: The Official Disability Guidelines state that splinting after surgery has negative evidence. Furthermore, the guidelines state that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel syndrome (CTS) release may be largely detrimental, especially compared to a home physical therapy program. Within the documentation reviewed, it is apparent that the splint is being requested for postoperative use, which is not supported by guidelines. As such, the currently requested prefab [REDACTED] wrist cock up splint, is not medically necessary.