

Case Number:	CM13-0063619		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2010
Decision Date:	05/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, elbow pain, cubital tunnel syndrome, carpal tunnel syndrome, Guyon's canal syndrome, and wrist tenosynovitis reportedly associated with an industrial injury of May 26, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; right and left carpal tunnel release surgeries in 2012; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 27, 2013, the claims administrator denied a request for eight sessions of hand therapy. Despite the fact that the MTUS addressed the topic, the claims administrator cited the non-MTUS ODG Guidelines in his denial. The claims administrator stated that the applicant was functioning well without disability and impairment and was therefore not in need of additional treatment. The applicant's attorney subsequently appealed. An April 22, 2013 progress note is notable for comments that the applicant was apparently working light duty and that the applicant's pregnancy had apparently worsened her complaints. She reported numbness and tingling about the hands. A subsequent note of May 6, 2013 was notable for comments that the applicant was reportedly working regular duty. On progress note of October 10, 2013 and October 31, 2013, the applicant was described as recently delivering a child. The applicant was having symptoms of myofascial pain with paresthesias about the digits, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) IN HOUSE HAND THERAPY SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical/Occupational Guidelines -Hand/Wrist

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 98-99.

Decision rationale: As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 8 to 10 sessions of treatment is recommended for neuralgia and neuritis of various body parts, the issue seemingly present here. Both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse the importance of hand therapy, active therapy, and active modalities. In this case, the applicant had a significant flare in symptoms, apparently associated with her pregnancy. Some symptoms of carpal tunnel syndrome apparently recurred during the pregnancy. The applicant also had swelling about her hands during her pregnancy, requiring the usage of gloves for edema control. An eight-session course of physical therapy was therefore indicated, appropriate, and medically necessary to facilitate the applicant's return to work and transition to a home exercise program. The request, moreover, does conform to MTUS parameters. Therefore, the request is medically necessary.