

Case Number:	CM13-0067474		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2010
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/16/2013

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 Family Practice 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 65-year-old female who reported an injury on 01/28/2010. The mechanism of injury was noted to be lifting. The patient was noted to have had surgery including right carpal tunnel release and right ulnar nerve release on 08/20/2013. The documentation then indicates that the patient has completed 22 postoperative physical therapy visits with her 22nd visit being on 12/04/2013. Her occupational therapy note dated 12/04/2013 indicated that the patient rated her right wrist and elbow pain at 5/10. It was noted that she continued to have limited range of motion and strength and complaints of pain. She was further noted to have difficulties with her activities of daily living and work tolerance. Her grip strength was noted to be 15 pounds Jamar and lateral pinch, and 8 pounds chuck pinch. Her motor strength of the elbow was noted to be +4/5 flexion, -5/5 extension, -5/5 supination, pronation, wrist flexion, and 5/5 in wrist extension. A therapy note dated 11/18/2013 indicated that the patient's grip strength was 25 pounds Jamar and 9 pounds lateral and chuck pinch. Her motor strength at that visit was noted to be +4/5 elbow flexion, +4/5 elbow extension, and -5/5 in pronation, supination, and wrist flexion and extension. Based on this information, the patient's grip strength had decreased in the right hand from her 11/18/2013 to her 12/04/2013 visit and she had only made motor strength improvement in elbow extension from +4/5 to -5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS TO THE RIGHT WRIST AND ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15; 16.

Decision rationale: According to the California MTUS Postsurgical Guidelines, physical therapy may be recommended following a cubital tunnel release at 20 visits over 3 months and following a carpal tunnel release at 3 to 8 visits over 3 to 5 weeks. As the patient was noted to have far exceeded the guideline's recommended postoperative therapy following a carpal tunnel release and the recommended physical therapy following a cubital tunnel release, despite evidence of some minor gains in motor strength, documentation would need to show specific exceptional factors to warrant further physical therapy beyond the guideline recommendations. In the absence of this specific documentation indicating why the patient needs further physical therapy beyond the recommendation for the specific surgeries, the request is not supported. As such, the request is non-certified.