

Case Number:	CM14-0002362		
Date Assigned:	01/24/2014	Date of Injury:	07/07/2010
Decision Date:	06/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery 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 51-year-old female who has submitted a claim for bilateral upper extremity neuropathy, and chronic pain, status post carpal tunnel release, right (01/17/2013) and left (08/22/2103); associated from an industrial injury date of 07/07/2010. Medical records from 01/24/2013 to 01/14/2014 were reviewed and showed that patient complained of shoulder, and bilateral hand pain, characterized as dull and aching. Patient claims to have decreased right hand and shoulder pain than before. Physical examination showed that the wounds were healed. There was limitation of range of motion. Tinel test was positive. Sensation was intact. Treatment to date has included naproxen, Prilosec, Vicodin, physical therapy, and occupational therapy. Utilization review, dated 12/06/2013, denied the request for occupational therapy sessions because the patient has had adequate postsurgical physical therapy, and that the patient might benefit more from home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO TIMES FOR SIX WEEKS FOR ADDITIONAL STRENGTHENING AND DESENSITIZATION BILATERAL HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26, Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: As stated on pages 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines state that physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Postsurgical Treatment Guidelines recommend physical therapy for 8 visits over 5 weeks in a 6-month postsurgical physical medicine treatment period for carpal tunnel syndrome. In this case, the patient underwent carpal tunnel release, right on January 2013, and left on August 2013. She has completed 12 occupational therapy sessions but still complains of pain. The medical records submitted for review did not show objective evidence of functional improvement after completion of therapy sessions. The patient is likewise expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for OCCUPATIONAL THERAPY TWO TIMES FOR SIX WEEKS FOR ADDITIONAL STRENGTHENING AND DESENSITIZATION BILATERAL HAND is not medically necessary.