MAXIMUS Federal Services

Case Number:	CM14-0005882		
Date Assigned:	02/07/2014	Date of Injury:	06/15/2012
Decision Date:	12/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 68-year-old male who has submitted a claim for bilateral median neuropathy of carpal tunnel syndrome status post release, bilateral ulnar neuropathy cervical sprain / strain, cervical spine stenosis, cervical myelomalacia, and left shoulder rotator cuff injury associated with an industrial injury date of 1/6/2014. Medical records from 2013 were reviewed. The patient complained of persistent bilateral upper extremity pain associated with numbness and tingling sensation involving the elbow, wrist, and hand. Examination showed myofascial trigger points at the paracervical muscle, decreased motion of the left shoulder, tenderness over the left shoulder, normoreflexia, well-healed scar in the wrist, positive Tinel's sign bilaterally, and slightly decreased sensory at both elbows. The EMG/NCV from 12/30/2013 documented bilateral median neuropathy at wrists and ulnar neuropathy at bilateral elbows. Treatment to date has included left and right carpal tunnel release and ulnar nerve release at elbow on 10/11/2013, cortisone injections, physical therapy and medications. The utilization review from 1/6/2014 modified the request for additional occupational therapy 2 times a week for 4 weeks for left hand into 3 sessions only to allow completion of the stabilizing / strengthening / range of motion program along with instruction for a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 times a week for 4 weeks for left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 22.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient is status post left and right carpal tunnel release and ulnar nerve release at elbow on 10/11/2013. Medical records from 2013 were reviewed. The patient complained of persistent bilateral upper extremity pain associated with numbness and tingling sensation involving the elbow, wrist, and hand. Examination showed well-healed scar in the wrist, positive Tinel's sign bilaterally, and slightly decreased sensory at both elbows. The EMG/NCV from 12/30/2013 documented bilateral median neuropathy at wrists and ulnar neuropathy at bilateral elbows. The patient underwent post-operative therapy sessions however the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. It is unclear why patient is still not versed to home exercise program to address the residual deficits. The medical necessity cannot be established due to insufficient information. Therefore, the request for additional occupational therapy 2 times a week for 4 weeks for left hand is not medically necessary.