

Case Number:	CM14-0108448		
Date Assigned:	09/16/2014	Date of Injury:	06/01/2012
Decision Date:	10/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/12/2014

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 Physical Medicine and Rehabilitation 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:

This injured worker is a 48 year old female with a reported date of injury of June 01, 2012. Mechanism of injury is reported as being from repetitive use of hands, while performing the regular duties of her occupation as an in-home caregiver. She was diagnosed with Carpal Tunnel Syndrome. Orthopedic office visit notes, dated June 4, 2014, indicate the injured worker has complaints of hand pain occurring often at night. The pain is described as a burning sensation in the left arm or hand and numbness of the hands. She also complains of left ulnar nerve irritation on left upper extremity. She is status post carpal tunnel release surgery, right and long finger A1 pulley release surgery, right in July 2013. The treating physician state the injured worker is "scheduled for a hand surgery consult and is in need of nerve conduction velocity testing on the left arm." Work status is considered temporary total disability pending surgery consult and nerve conduction velocity testing. Surgical consult notes, dated June 4, 2014, indicates patient is unable to completely bring the fingertips of the long finger and ring finger into the palm, decreased flexion of both of the digits and no Tinel sign at carpal tunnel or cubital tunnel. The injured worker has extensive amounts of intrinsic tightness in both of the digits. Orthopedic surgeon recommends occupational therapy to combat tightness, along with a progressive static flexion splint and possible intrinsic limbic release if not improved. On June 4, 2014, the provider has noted that the injured worker has had multiple sessions of OT with minimal improvement of her symptoms. Prior utilization review denied request for Occupational Therapy x 8 Visits to the Right Wrist on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Occupational Therapy Visits to the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand/wrist

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines allow 3-8 PT visits over 5-8 weeks for post-surgical treatment of Carpal Tunnel Syndrome. CA MTUS - physical medicine allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the records indicate that the injured worker has had occupational therapy after her surgery and the provider has stated that there was minimal improvement with OT. There are no records of prior occupational therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP). At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request for 8 Occupational Therapy Visits to the Right Wrist is not medically necessary.