MAXIMUS Federal Services

Case Number:	CM14-0012111		
Date Assigned:	02/21/2014	Date of Injury:	08/29/2011
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with a date of injury of 08/29/2011. The listed diagnoses per [redacted] are: 1. Chronic right shoulder pain status post subacromial decompression on 05/23/2013; 2. Bilateral carpal tunnel syndrome, active; 3. Status post right carpal tunnel release, carpal tunnel flexor, tenosynovectomy, and de Quervain's release on 08/13/2012; and 4. Residual right superficial radial neuralgia. According to the progress report on 12/17/2013 by [redacted], the patient presents with bilateral hand and right shoulder pain. The patient is status post right carpal tunnel release on 08/13/2012, and has been treated conservatively since then. The patient presents with worsening of the right hand, and she has intermittent daily numbness and tingling and pain in the right thumb. The treater states the patient has ongoing symptoms in her hand, and she has participated in "minimal occupational hand therapy." The treater would like the patient to undergo some sessions of occupational hand therapy where they can utilize an iontophoresis and see if this can "calm her symptoms down." The treater would like to consider carpal tunnel injections if patient does not progress with therapy. The request is for "occupational hand therapy for her right superficial radial neuralgia and median neuropathy 2 times a week for 4 weeks." The utilization review modified the certification on 01/20/2014 from eight (8) visits to five (5) visits stating this was in accordance with guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) OCCUPATIONAL HAND THERAPY SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

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

Decision rationale: This patient presents with chronic hand and wrist pain. The patient underwent a right carpal tunnel release and de Quervain's release on 08/13/2012 and continues to be symptomatic. The treater recommends that the patient participate in a short course of eight (8) occupational therapy sessions, and if there is no improvement, operative measures will be considered. The medical records indicate that the patient received postoperative physical therapy following the 08/13/2012 surgery. The number session received is not disclosed in the medical file. The patient has not received occupational therapy since then. In this case, the patient had slow progression after her carpal tunnel surgery and continues to be symptomatic. The treater would like the patient to participate in eight (8) occupational therapy sessions before further surgical options are considered. The request is medically necessary.