

Case Number:	CM14-0012600		
Date Assigned:	02/21/2014	Date of Injury:	05/17/2008
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 is a 58-year-old female with a 5/17/08 date of injury. A progress report dated 11/19/13 indicated the patient had swelling and mobility that was slightly improved with the Medrol Dosepack and ongoing therapy. Objective exam reveals stiffness in the right hand and wrist. The Tinel's sign and Phalen's sign are positive at the left carpal tunnel. Grip strength is diminished. On 1/7/14, the patient has pain and stiffness that are improving with therapy. The exam reveals slight tenderness over the right carpal tunnel scar. The Tinel's and Phalen's sign are equivocal at the left carpal tunnel and negative on the right. The grip strength is diminished. The EMG/NCS on 10/11/12 showed mild to moderate right carpal tunnel syndrome. Diagnostic Impression: status post right carpal tunnel release with ulnar nerve decompression, Complex Regional Pain Syndrome, Right forearm tendinitis, Cubital Tunnel Syndrome, possible right Thoracic Outlet Syndrome. Treatment to date: OT, activity modification, medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 2X6 RT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 98-99. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 114; Official Disability Guidelines (ODG) Wrist Chapter.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, this patient has a 2008 date of injury, and is documented to have had past physical therapy. On the 11/19/13 report, the patient is noted to start six weeks of aggressive physical therapy. It is unclear how many sessions the patient has attended. ODG recommends up to 3 sessions of physical therapy for carpal tunnel syndrome and 9 sessions for wrist sprains. However, this patient has likely already exceeded the number of physical therapy sessions supported by guidelines. There is no rationale provided for this patient to exceed the recommended physical therapy sessions supported by guidelines. It is unclear why this patient is already not compliant with a home exercise program. Therefore, the request for OT 2x 6 right wrists is not medically necessary.