MAXIMUS Federal Services

Case Number:	CM14-0019608		
Date Assigned:	04/23/2014	Date of Injury:	01/19/2012
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/17/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year-old female with a 1/19/2012 date of work injury. Her diagnoses include right shoulder impingement and bursitis, right forearm tenosynovitis, s/p right radial tunnel release and ulnar nerve decompression, carpal tunnel syndrome s/p release. There is a request for Occupational Therapy (OT) 2 times per week for 6 weeks in treatment of the right wrist/hand/arm. A 1/28/14 orthopedic note states that the patient says she had a right carpal tunnel release and right cubital tunnel release surgeries performed in February 2013. She says that the right cubital tunnel release surgery helped with her pain significantly and says that she does not have any right elbow complaints currently. She says that the right carpal tunnel release surgery helped with the numbness and tingling in her right hand but says that she occasionally does have persistent numbness and tingling in her right hand, especially in the mornings. She says that she occasionally uses a right wrist brace. She says that she continues to have some pain in the right wrist that can be severe. She has right shoulder pain which increases with repetitive movements such as writing. She says that she is having some increased pain in her left hand, which she attributes to compensating for her right arm symptoms. She says that the last time she had physical therapy was last week and says that she has ongoing physical therapy and has had over 20 visits so far. She says that she has attempted to return work but says there is no modified duty available. On examination of the right shoulder flexion is 0 to 140 degrees, abduction 0 to 140 degrees, internal rotation to 80 degrees, external rotation 0 to 60 degrees. There is a negative Speed's test and drop arm test. There is a positive subacromial impingement and subacromial bursitis. There is a negative O'Brien's and apprehension test. The deltoids, biceps, Internal rotators, end external rotators are 4+/5 on the right. The right wrist examination surgery site is clean, dry, and intact with no sign of infection. There is a negative carpal comprehension test.

There is a positive Phalen's, Tinel's. 2+ radial pulses. There is a positive Finkelstein's test. There is a negative carpometacarpal (CMC) grind test. No triggering of thumb or fingers. The right elbow exam revealed a clean surgery site without infection. The range of motion is 0 to 130 degrees. There is negative valgus instability. There is a negative Tinel's over cubital tunnel and no tenderness over the medial or lateral epicondyles. The treatment plan included an MRI of the right wrist and shoulder and a thumb spica splint. There is a physical therapy (PT) note dated 1/23/14, which reveals that the patient has had 11 visits. She has improved with overall hand pain from a 4/10, previously from a 6/10. The patient has been able to perform resistive activities of daily life (ADLs) with moderate to severe difficulty due to pain and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 2 X 6 FOR THE RIGHT WRIST/HAND/ARM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 18, 21, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel - physical medicine.

Decision rationale: The request for occupational therapy (OT) 2 times per week for 6 weeks in treatment of the right wrist/hand/arm is not medically necessary. The documentation indicates that as of 1/28/14 the patient states that she has had over 20 physical therapy visits. The guidelines recommend up to 20 visits for postsurgical treatment of nerve repair elbow-wrist area with lesser amounts of therapy for carpal tunnel release, a tenosynovitis surgery in the arm. The documentation indicates that the patient has improvements in her ulnar and carpal tunnel symptoms but continues to have wrist pain and shoulder pain. At this point, the patient should be well versed in a home exercise program. The request of an additional 12 visits of therapy would exceed the recommended limit of up to 20 for her condition. The request for occupational therapy (OT) 2 times per week for 6 weeks in treatment of the right wrist/hand/arm is not medically necessary.