

Case Number:	CM14-0128517		
Date Assigned:	08/15/2014	Date of Injury:	03/04/2011
Decision Date:	11/05/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/12/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 03/04/2011. The medical records were reviewed. The mechanism of injury was not provided. On 06/11/2014, the injured worker presented with relief from a prior left carpal tunnel and left cubital tunnel release performed on 05/05/2014. Examination of the right shoulder revealed zero to 178 degrees of flexion, zero to 160 degrees of flexion, zero to 80 degrees of external rotation, zero to 80 degrees of internal rotation, and zero to 40 degrees of extension. There was 4+/5 strength to resistance in all directions and a clean, dry, and intact incision site. Examination of the right wrist and hand revealed zero to 60 degrees of extension, zero to 60 degrees of flexion, zero to 20 degrees of radial deviation, and zero to 30 degrees of ulnar deviation. There was a positive Tinel's, Phalen's and Finkelstein test and mild tenderness to palpation over the flexor tendons. Examination of the left wrist and hand revealed a healed volar incision over the carpal tunnel with no sign of infection with limited range of motion. The diagnoses were status post right shoulder arthroscopic subacromial decompression/distal clavicle resection with scope on 08/21/2013, left ulnar neuropathy of the elbow, carpal tunnel complaints of the bilateral wrists and hands, bilateral wrist flexor tenosynovitis, left elbow lateral epicondylitis, bilateral wrist and status post left carpal tunnel release and left cubital tunnel release performed on 05/05/2014. Prior therapy included surgeries, medications, and occupational therapy. The provider recommended continued occupational therapy 2 times a week for 6 weeks with a quantity of 12. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Occupational Therapy 2 times a week for 6 weeks Quantity: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/Occupational therapy guidelines-carpal tunnel syndrome; Post-surgical treatment

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

Decision rationale: The request for continued occupational therapy 2 times a week for 6 weeks with a quantity of 12 is not medically necessary. The California MTUS states that active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of occupational therapy as well as efficacy of the prior therapy. The guidelines recommend 10 visits. The amount of occupational therapy that has already been completed was not provided. The provider's request for 12 occupational therapy visits exceeds the guideline recommendation. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Therefore, medically necessary has not been established.