

Case Number:	CM14-0143818		
Date Assigned:	09/12/2014	Date of Injury:	01/02/2014
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 & 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:

The injured worker is a 58-year-old female who reported an injury on 01/02/2014 due to unspecified mechanism of injury. The injured worker complained of upper left extremity pain. The injured worker had a diagnosis of carpal tunnel syndrome, left middle finger and trigger finger pain to the right hand and wrist. Prior diagnostics included an electromyography/nerve conduction velocity study that revealed bilateral upper extremity medial nerve entrapment at the wrist, affecting sensory fibers' primary demyelinating pathology. The objective findings dated 03/03/2014 revealed to the right hand, no signs of acute trauma, full range of motion in all digits; radial, median, and ulnar nerves intact, cap refill within normal limits. Left hand revealed a positive Tinel's and positive Phanel's. The injured worker rated her pain a 10/10, with numbness over the left median nerve distribution. Prior treatments included physical therapy, at least 7 visits. The treatment plan included occupational therapy, 12 sessions to the middle finger. The Request for Authorization dated 09/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 12 Sessions Only Middle Finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16 and 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15-16.

Decision rationale: The request for occupational therapy, 12 sessions, only middle finger, is not medically necessary. The California MTUS recommends occupational therapy as indicated below. There was limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximum shown below. Postsurgical treatment is 3 to 8 weeks over 3 to 5 weeks, with the postsurgical physical medicine treatment period of 3 months. The documentation was evident that the injured worker had at least 7 visits of physical therapy. The request is for 12 additional sessions, which is a total of at least 19 sessions, which exceeds the recommended guidelines. The documentation was not evident of any special circumstances that warrant additional therapy. The request was not specific to which hand the middle finger was to have therapy on. As such, the request is not medically necessary.