

Case Number:	CM14-0150382		
Date Assigned:	09/17/2014	Date of Injury:	01/04/2014
Decision Date:	09/22/2014	UR Denial Date:	09/11/2014
Priority:	Expedited	Application Received:	09/16/2014

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 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 sustained an injury on January 4, 2014 while employed by [REDACTED]. Request(s) under consideration include Occupational Therapy (3 times per week for 4 weeks). Diagnoses include carpal tunnel syndrome and medial epicondylitis. Exam showed right elbow edema with tenderness; positive Tinel's sign; mild subluxation of ulnar nerve; Wrist with positive right compression, Tinel's and Phalen's tests; There was full range in the shoulders, elbows, and wrists. The patient deferred from wrist injection recommendation. The provider requested for carpal tunnel release with median nerve block and post-operative occupational therapy. The report dated June 30, 2014 from the provider noted the patient with right elbow and right wrist pain rated at 5-6/10 and would like to undergo injection. Exam showed right upper extremity without palpable spasm and intact globally; right elbow with edema; positive elbow flexion, Tinel's over ulnar nerve with mild subluxation and tenderness at medial epicondyle; right wrist with positive compression, Tinel's and Phalen's; negative carpometacarpal grind test with edema; all upper extremity joints with normal range. Treatment plan included occupational therapy (12-sessions), and injection. The patient stated her daughter had recent surgery and the patient is her primary caretaker. The follow-up exam dated July 22, 2014 noted the patient feeling better with minimal wrist pain. Per the agreed medical evaluation supplemental report of July 13, 2014, the patient had pre-existing previous history of left medial epicondyle repair, wrist tenosynovectomy of extensor carpi ulnaris tendon with post-op splint application in May 2013. The patient has noted surgery was unsuccessful as she continued with pain in the medial elbow, wrist, and forearm associated with intermittent paresthesia. The report dated September 2, 2014 from the provider noted the patient with continued right wrist/hand pain rated at 6/10 that has not resolved. Exam findings were unchanged and identical with right elbow edema, positive Tinel's and flexion tests with tenderness over medial epicondyle and mild ulnar subluxation; right wrist

with positive compression test; positive Tinel's and Phalen's with edema. No mention of previous surgical incisions noted. Treatment plan included request for right carpal tunnel release and right median nerve block with post-operative occupational therapy (3-times per week for 4-weeks) along with a cold unit for two weeks. The request for occupational therapy (3-times per week for 4-weeks) was non-certified on September 11, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (3 times per week for 4 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post-surgical treatment guidelines for post carpal tunnel release recommends 3-5 therapy visits and up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported and fading of treatment to an independent self-directed home program is recommended. Submitted reports have not adequately demonstrated support for further treatment beyond the recommended 3-5 visits without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. Therefore, the requested occupational therapy is not medically necessary and appropriate.