

Case Number:	CM14-0155549		
Date Assigned:	09/25/2014	Date of Injury:	01/19/2012
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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 female patient who reported an industrial injury to the right upper extremity on 1/19/2012, over 2 years ago, attributed to the performance of her usual and customary job tasks reported as data entry with keyboarding and using a mouse. The patient is noted be status post right carpal tunnel release and right ulnar nerve release at the wrist. The patient received postoperative rehabilitation physical therapy. The patient then received additional sessions of physical therapy directed to the right upper extremity. The patient complains of persistent right elbow, right wrist, and right shoulder pain. The patient is noted to have improved with the provided physical therapy. The objective findings on examination included slight trapezial tenderness on the right; impingement sign positive at the right shoulder; tenderness over the dorsal aspect of the right wrist; Tinel's sign and Phalen's test are negative at the carpal tunnel; grip strength is diminished on the right. The treating diagnoses are right forearm/FCR tenosynovitis; rule out internal derangement right wrist; right de Quervain's dosing tenosynovitis; right shoulder impingement; and status post right radial tunnel release, carpal tunnel release, and ulnar nerve decompression at the wrist. The treatment plan included 2-3 additional sessions of physical therapy in the form of work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 weeks for work conditioning (right wrist/elbow/forearm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-& #173; 126 and p98-99 page125-126. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Forearm, Wrist, and hand complaints PT/OT; CTS--physical therapy s/p CTR, ulnar nerve release; exercise; work hardening

Decision rationale: The request for an additional 2x3 additional sessions occupational therapy in the form of work hardening to the right wrist/RUE s/p CTR and Guyon's tunnel release is in excess of the number of sessions of physical therapy recommended by the CA MTUS. The patient is documented to have received a significant number sessions of occupational, therapy directed to the RUE subsequent to the DOS for rehabilitation and recently with additional sessions. There is no objective evidence provided by to support the medical necessity for more than the CA MTUS recommended number of sessions of OT for the post-operative rehabilitation. The request for additional OT in the form of work hardening exceeds the number of sessions recommended by the CA MTUS. The patient should be in a self-directed home exercise program for conditioning and strengthening as he has already received substantially more sessions of PT/OT than is recommended by the CA MTUS. The patient is s/p DOI and has exceeded the recommended time period for rehabilitation. The CA MTUS and the Official Disability Guidelines recommend up to 5-8 session of postoperative physical/occupational therapy post-carpal tunnel release surgery/Guyon's tunnel release over a period of 3-5 weeks. The requested 2x3 additional sessions exceeds the recommended number of sessions recommended for postoperative rehabilitation s/p CTR and ulnar nerve release at the wrist by the current evidence-based guidelines. There was no objective evidence provided to support the medical necessity of the request for authorization of additional physical therapy to the wrist/hand beyond the number recommended by the CA MTUS. There was no demonstrated muscle atrophy or weakness. There is no provided rationale to support the medical necessity of work hardening after the provision of prior occupational/physical therapy in excess of the California MTUS recommendations. The patient should be exercising on her own. There was no documentation of any job requirements that were significantly above normal. The patient was noted to have had issues related to keyboarding and using a mouse with data entry, which would not require work hardening over the recommended number of sessions of postoperative rehabilitation physical therapy/occupational therapy. There is no evidence provided by the treating physician that precludes the patient from participating in a self-directed home exercise program. The exercises for strengthening can be performed in a self-directed home exercise program. The request for additional sessions of work hardening to the right forearm/wrist/hand is not supported with objective evidence to demonstrate medical necessity. There is no demonstrated medical necessity for the requested 2-3 additional sessions of physical therapy classified as work hardening. The request is not medically necessary.