

Case Number:	CM14-0156036		
Date Assigned:	09/25/2014	Date of Injury:	07/05/2012
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
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 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:

The injured worker is a 25-year-old female who reported an injury on 01/24/2014. The mechanism of injury was listed as continuous trauma due to typing. Diagnoses included bilateral de Quervain's, bilateral carpal tunnel syndrome, right ulnar neuritis, and cervical sprain/strain with radiculitis. Past treatments included physical therapy. Diagnostic studies included official Electrodiagnostic testing on 04/03/2014. Results revealed bilateral carpal tunnel syndrome and right canal Guyon's entrapment. Pertinent surgical history was not provided. The clinical note dated 05/21/2014 indicated the injured worker had numbness in her hands, and pain in her hands with gripping and grasping. She rated the pain 6/10. The physical examination revealed positive Tinel's at the carpal tunnel bilaterally, positive Finkelstein's bilaterally, and positive Tinel's at the right cubital tunnel. Current medications were not provided. The treatment plan included occupational therapy 3 times a week for 4 weeks for the bilateral wrists. The rationale for the treatment plan was to provide symptomatic improvement. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 times a week for 4 weeks for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG); Carpal Tunnel Syndrome Procedure Summary, Forearm, Wrist, & Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Occupational therapy 3 times a week for 4 weeks for bilateral wrists is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with neuritis to include 8 to 10 visits over 4 weeks. The clinical documentation indicated the injured worker complained of pain in her hands with gripping and grasping, as well as numbness in the hands. She previously completed at least 6 visits of physical therapy to the bilateral wrists. There is a lack of clinical documentation of the efficacy of the previous treatment, including quantified pain relief and functional improvement. Therefore, the request to continue therapy cannot be supported at this time. As such, the request for Occupational therapy 3 times a week for 4 weeks for bilateral wrists is not medically necessary.