

Case Number:	CM14-0158776		
Date Assigned:	10/02/2014	Date of Injury:	04/30/2013
Decision Date:	12/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 New Jersey. 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 worker is a 66 year old male who was injured on 4/30/2013. He was diagnosed with carpal tunnel syndrome and tenosynovitis (trigger fingers). He was treated with surgery on 4/2/14 (left carpal tunnel release, left middle and ring finger first annular pulley release of flexor sheath), physical therapy (at least 24 sessions of occupational therapy), and medications. Reportedly, the physical therapy and medications used provided very slow and minimal improvement. A letter, dated 8/22/2014, written by the worker's requesting provider reported the worker being more than four months out from surgery on her left hand/wrist, but with persistent pain at the surgical sites, but was able to demonstrated full active grip and extension except for slight decrease in active flexion of the ring finger and with recently developed triggering of his left thumb. The worker reported working light duty. The worker was then recommended a corticosteroid injection of the left thumb as well as occupational therapy of the thumb and continued therapy for the wrist and fingers of the left hand.

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 6 Weeks for The Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 16 and 20.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following carpal tunnel release up to 8 visits of supervised physical or occupational therapy over 3-5 weeks may be considered, and also recommends up to 14 visits of physical or occupational therapy over 3 months following a flexor tenosynovectomy. After 3-5 visits of therapy, however, if there is no evidence of improvement in function, then it is recommended to discontinue therapy, particularly if therapy is aggravating or worsening the function. In the case of this worker, he had completed extensive occupational therapy on his left wrist and fingers following the surgery (at least 24 sessions over more than 2 months) with minimal or no lasting benefit. No report was made at the time of the request suggesting the worker was performing home exercises/stretchers which should be sufficient at this stage of his recovery. There was no documentation that detailed the worker's functional benefit from the therapy over the months, which is required before considering any extension to the guidelines suggested duration of therapy. Therefore, the left wrist, left middle finger and left ring finger occupational therapy is not medically necessary and is not likely to assist anymore in the worker's recovery from the surgery.

Occupational Therapy 3 Times A Week for 6 Weeks for The Left Middle Finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 16 and 20.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following carpal tunnel release up to 8 visits of supervised physical or occupational therapy over 3-5 weeks may be considered, and also recommends up to 14 visits of physical or occupational therapy over 3 months following a flexor tenosynovectomy. After 3-5 visits of therapy, however, if there is no evidence of improvement in function, then it is recommended to discontinue therapy, particularly if therapy is aggravating or worsening the function. In the case of this worker, he had completed extensive occupational therapy on his left wrist and fingers following the surgery (at least 24 sessions over more than 2 months) with minimal or no lasting benefit. No report was made at the time of the request suggesting the worker was performing home exercises/stretchers which should be sufficient at this stage of his recovery. There was no documentation that detailed the worker's functional benefit from the therapy over the months, which is required before considering any extension to the guidelines suggested duration of therapy. Therefore, the left wrist, left middle finger and left ring finger occupational therapy is not medically necessary and is not likely to assist anymore in the worker's recovery from the surgery.

Occupational Therapy 3 Times A Week for 6 Weeks for The Ring Finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 16 and 20.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following carpal tunnel release up to 8 visits of supervised physical or occupational therapy over 3-5 weeks may be considered, and also recommends up to 14 visits of physical or occupational therapy over 3 months following a flexor tenosynovectomy. After 3-5 visits of therapy, however, if there is no evidence of improvement in function, then it is recommended to discontinue therapy, particularly if therapy is aggravating or worsening the function. In the case of this worker, he had completed extensive occupational therapy on his left wrist and fingers following the surgery (at least 24 sessions over more than 2 months) with minimal or no lasting benefit. No report was made at the time of the request suggesting the worker was performing home exercises/stretchers which should be sufficient at this stage of his recovery. There was no documentation that detailed the worker's functional benefit from the therapy over the months, which is required before considering any extension to the guidelines suggested duration of therapy. Therefore, the left wrist, left middle finger and left ring finger occupational therapy is not medically necessary and is not likely to assist anymore in the worker's recovery from the surgery.