

Case Number:	CM14-0171807		
Date Assigned:	10/23/2014	Date of Injury:	07/27/2011
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 Plastic and Reconstructive surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 patient is a 50 year old male with a reported date of injury on 7/27/11 who requested occupational therapy for the right wrist 2 times a week for 6 weeks. Physical therapy notes document right wrist pain and bilateral elbow pain with diagnoses of carpal tunnel syndrome and lesion of the radial nerve. A home exercise program is documented, as well as some functional improvement. The last physical therapy note documented a fourth visit on 9/10/14. Follow-up note from 9/16/14 was not contained in the medical records provided for this review. Utilization review documentation notes that the patient reported improvement in arm pain with therapy. He was working full duty. Examination noted bilateral radial tunnel tenderness, right TFCC tenderness and positive Phalen's and Tinel's. Voltaren and a splint were dispensed. Qualified medical examination dated 7/8/14 notes previous electrodiagnostic studies from 4/18/14 noting mild right carpal tunnel syndrome, left carpal tunnel syndrome and no evidence of ulnar neuropathy or radial neuropathy. The patient is noted to have symptoms of a radial tunnel syndrome, but electrodiagnostically negative. Given the bilateral carpal tunnel syndrome, treatment could include wrist bracing, oral anti-inflammatories and cortisone injections. If the symptoms progress, the patient may need bilateral carpal tunnel release. Utilization review dated 9/24/14 did not certify the occupational therapy due to inadequate documentation of specific functional improvement. Previous request for hand therapy was modified to 6 visits on 8/5/14. Further therapy would be based on objective functional improvement. There was no documentation of functional improvement (e.g. specific ADLs) or objective changes noted on 9/16/14 physical exam (e.g. improved ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Occupational therapy for the right wrist 2 times a week for 6 weeks, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): 2013, Hand and Wrist, Physical/Occupational Therapy Guidelines

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

Decision rationale: The patient is a 50 year old male with a diagnosis of bilateral carpal tunnel syndrome and right wrist pain that appears chronic. He is noted to have undergone recent physical therapy with some benefit. From the records provided, the patient's physical therapy from the 4th visit was documented. It is unclear if the patient had completed the allowed 6 visits. In addition, based on the utilization review documentation, there is insufficient detail with respect to objective functional improvement (ADLs, ROM, quantifiable pain reduction, etc.). Finally, Chronic Pain Medical Treatment Guidelines with respect to Physical Medicine note the following: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks The request for 12 visits over 6 weeks would exceed these recommendations. Thus, based all of the reasoning from above, the requested 12 visits should not be considered medically necessary.