

Case Number:	CM14-0183719		
Date Assigned:	11/10/2014	Date of Injury:	03/13/2013
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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:

The claimant is a represented [REDACTED] employee who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of March 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical and occupational therapy; earlier carpal tunnel release surgery of March 21, 2014; and earlier ulnar nerve decompression with medial epicondylectomy surgery. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for 12 sessions of occupational therapy for the bilateral wrist. The claim administrator invoked the Postsurgical Treatment Guidelines in MTUS 9792.24.3 despite the fact that the applicant was seemingly outside of the three-month postsurgical physical medicine treatment period established in the same following carpal tunnel surgery of March 21, 2014. Both ACEOM and ODG were also placed at the bottom of the report, although did not appear to have been incorporated into the report rationale. The claims administrator stated that its decision was based on a September 25, 2014 Request for Authorization (RFA) Form and associated September 19, 2014 physical therapy progress note. In July 1, 2014 progress note, the applicant reported ongoing complaints of hand and wrist pain. It was stated that the applicant had attended only 14 sessions of therapy visits. Persistent paresthesias were noted. The applicant exhibited tenderness about the elbow and diminished grip strength about the right hand status post earlier right ulnar nerve decompression surgery and right ECTR surgery. The applicant was placed off of work through July 7, 2014 and then asked to return to modified with a 5-pound lifting limitation. Additional physical therapy, inferential unit, and Lidoderm patches were sought. A handwritten September 19, 2014 progress note was difficult to follow. It was stated that the applicant had increased pain and decreased strength deficits. It was suggested (but not clearly stated) the applicant had returned to work. The note was handwritten and difficult to follow.

Additional physical therapy was apparently endorsed. The note was very difficult to follow. In medical progress note dated August 12, 2014, it was stated that the applicant was working modified duty as a drug representative with paresthesias about the left hand. A 5-pound lifting limitation was endorsed. TENS unit and occupational therapy were sought. Full range of motion was appreciated about all digits of the hand, wrist, and elbow with a positive Tinel sign of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 occupational therapy sessions for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation: Chapter: Carpal Tunnel Syndrome (Acute & Chronic), Physical Medicine treatment

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

Decision rationale: The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier carpal tunnel release surgery on March 21, 2014, as of the date of the Request for Authorization (RFA) September 25, 2014. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The 12-session course of occupational therapy proposed here, however, in and of itself represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the issue reportedly present here. The applicant has, furthermore, had extensive prior physical and occupational therapy treatment. It is not clear why additional treatment was being sought. The request for authorization was seemingly initiated by the treating therapist via a handwritten prescription form. Said handwritten prescription form did not, however, clearly outline the applicant's deficits and/or make a compelling case for such a lengthy formal course of physical therapy well in excess of MTUS parameters. It was not stated why the applicant could not taper the frequency of treatment over time, as suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, and/or attempt to transition to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant had, it is further noted, apparently returned to work as a pharmacy sales representative, implying that the applicant could likewise transition to self-directed home physical medicine. Therefore, the request is not medically necessary.