

Case Number:	CM14-0185084		
Date Assigned:	11/12/2014	Date of Injury:	01/01/2011
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 Internal 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 injured worker (IW) is a 40-year-old woman with a date of injury of January 1, 2011. The mechanism of injury was not documented in the medical record. The IW underwent a right ulnar nerve transposition and right carpal tunnel release on June 20, 2014. Occupational therapy (OT) re-evaluation dated August 25, 2014 indicates that the IW is status post right carpal tunnel and cubital tunnel release. The IW has completed 10/12 occupational therapy sessions as of September 10, 2014. There is noted improvement in range of motion (ROM) with right wrist flexion from 35 to 70 degrees, extension from 55 to 60 degrees, radial deviation from 18 to 25 degrees, and ulnar deviation from 18 to 25 degrees. There is noted improvement with grip strength with right from 12 to 20 pounds. Right pinch strength improved from 4 to 8 pounds. Pursuant to the office visit note dated September 23, 2014 indicates that the IW reports gradual improvement on the right side. The IW had no change in symptoms or examination on the right side. On examination, the provider indicated that the IW had well-healed incisions. She had improved ROM and decreased tenderness at the carpal tunnel incision. The provider indicates that the IW made significant but incomplete progress with therapy and recommends an additional six sessions of OT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the bilateral wrists and elbows; 1 time a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, occupational therapy to the bilateral wrists and elbows one time a week for six weeks is not medically necessary. The guidelines state postsurgical treatment for cubital tunnel syndrome is 20 visits over 10 weeks and for carpal tunnel syndrome 3 to 8 visits over 3 to 5 weeks. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific therapy. In this case, the injured worker completed 10 out of 12 physical therapy sessions as of September 10, 2014. The treating physician's progress note September 23, 2014 indicated the injured worker made significant but incomplete progress with therapy but recommends an additional six sessions of therapy. It is unclear from the record whether there was functional objective improvement with the initial 10 sessions of physical therapy thereby permitting the additional physical therapy sessions. Consequently, occupational therapy to the bilateral wrists and elbows one time a week for six weeks is not medically necessary at this time. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, occupational therapy to the bilateral wrists and elbows one time a week for six weeks is not medically necessary.