

Case Number:	CM14-0186111		
Date Assigned:	11/14/2014	Date of Injury:	12/03/2012
Decision Date:	12/22/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date of 12/03/12. Based on the 10/14/14 progress report provided by treating physician, the patient complains of bilateral wrist pain. Patient is status post lower back and 2 neck surgeries. Physical examination to the cervical spine revealed full active range of motion noted to include bilateral shoulders. Examination of the wrist range of motion, right compared to left, was extension 55/65, flexion 80/80. Some mild tenderness to palpation to the STT joint bilaterally. Positive Tinel's and Phalen are bilaterally. X-rays revealed minimal evidence of scaphotrapezotrapezoidal joint osteoarthritis. Patient had left wrist carpal tunnel cortisone injection on 10/14/14. She was administered bilateral long Comfort/Cool braces. Patient's medications include Celebrex, Prozac, Hydrocodone and Flector patches. Provider states she will begin a formal course of therapy for active range of motion and strengthening. Per Functional Restoration Program report dated 05/22/14, patient had 4 physical therapy sessions. Per Request for Authorization form dated 10/27/14, provider requested Occupational therapy 2 xs week for 3 weeks for the diagnosis of carpal tunnel syndrome. Diagnosis 10/14/14 are:- bilateral carpal tunnel syndrome- de Quervain's tenosynovitis- bilateral wrist synovitis. The utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 01/17/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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) Carpal Tunnel Syndrome (Acute & Chronic) Chapter, Physical Medicine, Physical/ Occupational Therapy, Forearm, Wrist, & Hand (Acute & Chronic) chapter

Decision rationale: The patient presents with bilateral wrist pain due to carpal tunnel syndrome. The request is for occupational therapy bilateral wrists/hands. Patient's diagnoses dated 10/14/14 also include de Quervain's tenosynovitis and bilateral wrist synovitis. Patient had left wrist carpal tunnel cortisone injection on 10/14/14, and was administered bilateral long Comfort/Cool braces. Patient's medications include Celebrex, Prozac, Hydrocodone and Flector patches. Provider states she will begin a formal course of therapy for active range of motion and strengthening. ODG-TWC, Carpal Tunnel Syndrome (Acute & Chronic) Chapter states: "ODG Physical Medicine Guidelines - Allow for fading of treatment frequency, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Carpal tunnel syndrome (ICD9 [REDACTED]): Medical treatment: 1-3 visits over 3-5 weeks." Provider states in progress report dated 10/14/14 "patient will begin a formal course of therapy for active range of motion and strengthening." Per Request for Authorization form dated 10/27/14, provider requested Occupational therapy 2 xs week for 3 weeks for the diagnosis of carpal tunnel syndrome. Per Functional Restoration Program report dated 05/22/14, patient had 4 physical therapy sessions. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Patient has exceeded maximum allowable sessions for her condition. Furthermore, the requested additional 6 sessions, exceeds what is recommended by ODG. Therefore, occupational therapy bilateral wrists/hands is not medically necessary and appropriate.