

Case Number:	CM14-0022199		
Date Assigned:	05/09/2014	Date of Injury:	02/09/2011
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pain Management, 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 50-year-old who was injured on February 9, 2011. According to the January 29, 2014 report from [REDACTED], the patient is s/p right carpal tunnel release, A1 pulley release for right thumb stenosing flexor tenosynovitis and right ulnar nerve release at the cubital tunnel. She presents with persistent pain radiating up the forearm and the fingers still tingling. She had good ROM, but decreased strength and has had 10 OT visits. [REDACTED] requested additional therapy 3x4. There is an operative report dated December 20, 2013 showing the procedures and noting the right carpal tunnel procedure was a revision from a different surgeon. On February 6, 2014 UR recommended against additional occupational therapy for the right hand and wrist, three times weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY 3 X WEEK FOR 4 WEEKS FOR THE RIGHT HAND AND WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the January 29, 2014 report from [REDACTED], the patient is s/p right carpal tunnel release, A1 pulley release for right thumb stenosing flexor tenosynovitis and right ulnar nerve release at the cubital tunnel. The surgery was on December 20, 2013. The postsurgical guidelines lists the postsurgical physical medicine treatment timeframe from three months for the carpal tunnel release to six months for the cubital tunnel release. The guidelines for cubital tunnel release state the general course of care is twenty visits, and the initial course is half that or ten sessions. The patient has already had ten sessions of OT and there was good ROM, but still decreased strength. The patient is still within the postsurgical physical medicine treatment timeframe for all 3 surgical procedures. The Post-Surgical Treatment Guidelines states: " If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. 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 surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The request for additional occupational therapy for the right hand and wrist, three times weekly for four weeks, is medically necessary and appropriate.