

Case Number:	CM14-0026786		
Date Assigned:	06/13/2014	Date of Injury:	09/08/2000
Decision Date:	07/31/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopedic Surgery, and is licensed to practice in Texas and Georgia. 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 is a 64-year-old male who reported an injury on 09/09/2000 due to a slip and fall. The injured worker complained of bilateral shoulder, right wrist and hand pain. The injured worker stated that most of his pain was in his right wrist and rated it at a 3/10 to 8/10 on the VAS. His bilateral shoulder pain was rated at a 4/10. He also stated that his wrist pain increased with activity. Physical examination revealed that range of motion of the right wrist was flexion of 0 to 20 degrees; extension was 0 to 30 degrees, radial deviation was 0 to 10 degrees, and ulnar deviation was 0 to 20 degrees. Decreased range of motion throughout the right small finger was noted. Motor strength was 4/5. Per note in file, there was severe tenderness to palpation over the flexor tendons. Diagnostic tests done on the injured worker consisted of an MRI of the right wrist done on 04/16/2013 which revealed a 3.3 cm fluid structure along the margin of the carpal tunnel with internal debris, most compatible with a ganglion cyst, as well as radiocarpal joint osteoarthritis and alignment abnormalities. The injured worker also had an electromyography (EMG)/nerve conduction study (NCS) of the bilateral upper extremities. He has diagnoses of status post left shoulder latissimus dorsi flap reconstruction, bilateral shoulder subacromial bursitis, bilateral shoulder impingement, bilateral shoulder arthralgia, status post right shoulder surgical intervention, recurrent right carpal tunnel symptoms, right wrist degenerative joint disease (DJD), status post right carpal tunnel release and residual right wrist flexor tenosynovitis following the right wrist surgery. The injured worker has had past treatment to consist of a medical brace, physical therapy, medication therapy and a home exercise program. Medications include Norco 10/325 mg #90 and Nortriptyline HCl 25 mg. The current treatment plan is for occupational therapy for the right hand and wrist for 12 visits. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY FOR THE RIGHT HAND AND WRIST - TWELVE VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Guidelines state passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. For myalgia and myositis, the guidelines allow 9 to 10 visits over 8 weeks; and for neuralgia, neuritis and radiculitis, they allow 8 to 10 visits over 4 weeks. In the submitted report, there was no diagnosis of anything with the injured worker's right hand or wrist. All diagnoses were to his shoulders. There was also no evidence of any conservative care therapy or nonsteroidal anti-inflammatory drugs (NSAID) therapy. Furthermore, the evidence that was submitted in the report lacked substantial subjective and functional deficits that the injured worker might have to the right wrist and right hand. As such, the request is not medically necessary.