

Case Number:	CM14-0028121		
Date Assigned:	06/13/2014	Date of Injury:	08/09/2006
Decision Date:	11/25/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/05/2014

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 & Rehabilitation 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 is a 57 year old female with a date of injury on 8/09/2006. She diagnosed with (a) left frozen shoulder, (b) left carpal tunnel syndrome, (c) right carpal tunnel syndrome, (d) left hand trigger finger - thumb, and (e) right hand trigger finger - thumb. Operative records dated 10/1/2013 showed that she underwent right endoscopic carpal tunnel release (MANOS procedure) on both ultrasound guided insertion. On 11/15/2013, the injured worker made a followup visit. She recently had a carpal tunnel release on 10/1/2013 and noted that she had a good result with the left carpal tunnel release. However, she complained of pain in both arms. She has chronic inflammation, starting at the neck and going down into the finger tips throughout both arms. There was swelling and tenderness in all muscle groups of her forearms and epicondyles. Right wrist examination noted tenderness over the carpal ligament. She was not able to make a full fist. Per 12/27/2013 records, the injured worker made another followup appoint and noted increased pain in the right palmar and thenar eminence with minimal relief after carpal tunnel surgery on 10/1/2013. She has had physical therapy but continued to have pain. Right hand/wrist examination noted atrophy in the right hand at the greater thenar and lesser thenar eminence. Tenderness was noted over the carpal tunnel region. She was unable to make a fist. Decreased grip strength and decreased opposition as well as adduction. Most recent records dated 4/18/2014 noted that the injured worker had a follow up and has had soft collar approved. Nerve conduction studies (NCS) noted normal results. However, she continued to have pain with pressure in the shoulders and neck. She also reported that she was not able to move the right thumb with limited range of motion (ROM). A cervical spine examination noted tenderness at the left trapezius muscle, posterior neck muscles and right trapezius muscle. Range of motion was not tested due to pain. A left shoulder examination noted tenderness at the anterior subacromial space and posterior subacromial. Range of motion was limited. Left wrist

examination noted tenderness at the surgical side and the carpal tunnel. Left hand examination noted that the A-1 pulley of the thumb was painful with palpation. Tenderness was also noted over the flexor muscle of the index finger as well as the dorsal aspect of the distal phalanx. Right shoulder examination noted tenderness over the anterior subacromial space. Neer's sign, Hawkin's sign, Speed sign, Yergason sign, O'Brien sign, Biceps sign, and apprehension sign were positive. Range of motion was limited due to pain. A right hand examination noted that the thumb locks and catches with flexion. There is tenderness at the A-1 pulley of the thumb with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) occupational therapy sessions for right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: According to guidelines, an initial course of postoperative therapy may be provided and in cases that there is no functional improvement postsurgical treatment shall be discontinued any time during the postsurgical medicine period. Guidelines further indicate that the number of sessions for both carpal tunnel release endoscopic and open are 3-8 visits over 3-5 weeks. In this case, records do not indicate if she has completed the requested 12 occupational therapy sessions for the right wrist, however, she continued to have pain and there are no indicated improved objective findings or improved functional improvements. Due to the request exceeding the recommended number of postoperative therapy and no indication of functional improvement or decrease in pain, the medical necessity of the requested twelve (12) occupational therapy sessions for the right wrist is not established.