

Case Number:	CM14-0028461		
Date Assigned:	06/20/2014	Date of Injury:	08/11/2011
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain, wrist pain, and carpal tunnel syndrome reportedly associated with an industrial injury of August 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and right carpal tunnel release surgery. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for 12 sessions of occupational therapy. The MTUS Postsurgical Treatment Guidelines (misnumbered) were cited, although not incorporated into the rationale. The claims administrator apparently based his denial on comments that the applicant had not improved with earlier physical therapy treatment. The applicant's attorney subsequently appealed. In a progress note of October 7, 2013, it was stated that the applicant had chronic elbow pain, neck pain, mid back pain, wrist pain, and possible carpal tunnel syndrome. The applicant was seemingly off of work at that point in time and was status post an earlier medial epicondylar release surgery, it was stated. The applicant had apparently filed for bankruptcy four to five years prior and was apparently depressed as a result of the same, it was suggested. In an office visit of April 8, 2014, it was seemingly suggested that the applicant was off of work, on total temporary disability, owing to postoperative pain complaints about the elbow. On March 13, 2014, the applicant was described as status post earlier right-sided carpal tunnel release surgery on December 16, 2013. The applicant was having numbness and tingling about the left hand, it was stated. The applicant stated that she was intent on pursuing a left carpal tunnel surgery. The applicant was again placed off of work. On December 13, 2013, the attending provider stated that the applicant's case had been complicated by comorbid diabetes and that she was scheduled to undergo carpal tunnel release surgery on December 16, 2013. It was stated that the applicant was a former seamstress.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 2 X 6 FOR THE RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

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

Decision rationale: Although the applicant was described as diabetic and although the claims administrator did apparently invoke MTUS 9792.24.3 outside of the three-month postsurgical physical medicine treatment period following earlier carpal tunnel release surgery on December 16, 2013, the attending provider did not furnish a compelling rationale for treatment this far in excess of MTUS parameters. It is further noted that the applicant was ultimately described on an office visit of March 2014 as having essentially recovered following the earlier right carpal tunnel release surgery in question. The applicant was described as having a favorable outcome insofar as the right hand and wrist were concerned following the carpal tunnel release surgery of December 16, 2013. The additional, lengthy formal course of physical therapy was not indicated here and did not, moreover, conform to MTUS parameters and principles. Therefore, the request was not medically necessary.