

Case Number:	CM14-0041741		
Date Assigned:	06/20/2014	Date of Injury:	03/09/2012
Decision Date:	08/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 41-year-old male was reportedly injured on March 9, 2012. The mechanism of injury was not listed in these records reviewed. An appeal for 12 sessions of occupational therapy was submitted in January, 2014. There was no notation of a specific mechanism of injury, only pain associated with a multiple variety of activities associated with the employment. The most recent progress note, dated April 29, 2014, indicated that there were ongoing complaints of bilateral elbow and hand pains. A slight improvement was noted with the topical nonsteroidal preparation; however, the pain complaints were noted to be 7/10. The physical examination demonstrated a reported positive Tinel's sign over the elbows and negative Tinel's sign over the wrists. Diagnostic imaging studies were not presented for review. Previous treatment included electrodiagnostic testing (reported positive for carpal tunnel syndrome and cubital tunnel syndrome), multiple sessions of physical therapy, acupuncture and other conservative measures. A request had been made for "hand therapy" and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy, bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines for Forearm, Wrist and Hand Physical or Occupational therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 433-434 and 437.

Decision rationale: This is a gentleman with a long history of bilateral cubital tunnel and bilateral carpal tunnel syndrome. There were equivocal findings noted on electrodiagnostic testing reported. Furthermore, a surgical evaluation has been completed, and potential surgical intervention was suggested. There had been a course of physical therapy already completed, and the injured employee is currently doing a home exercise protocol. When considering the findings noted on physical examination, there was no clinical indication presented for additional formal physical therapy with the surgery pending. Furthermore, "hand therapy" is rather nonspecific and the specific interventions were not reported in any the progress notes reviewed. Therefore, based on the clinical information provided for review, this request for hand therapy, bilateral wrists/hands is not medically necessary.