

Case Number:	CM14-0054641		
Date Assigned:	07/07/2014	Date of Injury:	10/23/2012
Decision Date:	10/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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 Family 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 injured worker is a 62 years old female who sustained injuries to her bilateral wrists on 10/23/12 due to cumulative trauma while performing her usual and customary duties as a processor, she was required to unload materials and repeat hand functions, and lift objects weighing up to 10-20 pounds on a daily basis. On 10/23/12, she was evaluated by the company doctor and plain radiographs/MRI of bilateral hands/wrists was taken, but no fractures were seen. The injured worker was started on anti-inflammatory and pain medication. The injured worker was returned to work with restrictions and modified duties. On 11/14/12, she was evaluated for chiropractic treatment and received physical therapy for the next six weeks, exercise kit, cold therapy, and additional medications. The injured worker was subsequently evaluated by pain management specialist. Electrodiagnostic studies of the bilateral upper extremities were done on 12/18/12; however, these results were not provided for review. Progress report dated 03/18/14 reported that the injured worker continued to struggle with significant pain involving the bilateral wrists with associated numbness and tingling in the fingers of the bilateral hands that precludes restful sleep. The injured worker stated she would like to proceed with surgery. Physical examination noted focal tenderness noted over bilateral carpal tunnels and left basal joint; minimal tenderness over flexor sheaf of the thumb; Tinel's and Phalen's signs positive bilaterally; axial grind test positive on the left side with associated basal joint swelling; attenuated sensation was noted to light touch in the median enervated digits with static two point discrimination in the bilateral thumbs approximately 10mm. The injured worker was diagnosed with bilateral carpal tunnel syndrome, left basal joint arthropathy, and bilateral thumb tenosynovitis. The injured worker was recommended to continue medications as a primary treating physician had prescribed and surgical intervention would be requested. The injured worker was advised to follow-up on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy visits 3 x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The request for post-operative occupational therapy visits three times a week times three weeks is not medically necessary. Previous request was denied on the basis that during previous peer to peer, the requesting physician explained that he did not obtain any electrodiagnostic studies as the injured worker has very positive provocative testing for carpal tunnel syndrome, has failed night splinting, occupational therapy, home exercise program, and multiple Cortisone injections to the carpal tunnel, and it is also recommended for surgery by the AME physician. It was explained that carpal tunnel syndrome cannot be confirmed by electrodiagnostic studies and after careful review of the documentation of clinical information presented, appropriate recommendation would be rendered and the appeal process could be utilized. There was no indication that the injured worker has undergone the anticipated surgical intervention; therefore, the request for post-operative occupational therapy visits three times a week times three weeks is not indicated as medically necessary.