

Case Number:	CM14-0055459		
Date Assigned:	07/07/2014	Date of Injury:	10/08/2008
Decision Date:	08/13/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 Hand Surgery and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 10/08/2008. The mechanism of injury was not specifically stated. Current diagnoses include left hand carpal tunnel release, multiple trigger finger release, and history of right elbow medial epicondylar debridement and carpal tunnel release. The injured worker was evaluated on 03/11/2014. The injured worker noted improvement in pain following a course of occupational therapy. Physical examination revealed no acute distress, full and active range of motion of the bilateral upper extremities, intact sensation, and a mild degree of residual sensitivity in the left hand. Treatment recommendations at that time included additional occupational therapy. A physical therapy daily note was submitted on 03/21/2014 following 6 sessions of physical therapy. The injured worker reported continued pain and swelling in the bilateral upper extremities. Physical examination was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, once weekly for six weeks, left hand per 3/18/14 form quantity:6:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines state physical medicine treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. Therefore, the current request for 6 sessions of occupational therapy exceeds guideline recommendations. Additionally, there was no documentation of objective functional improvement. There was also no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for ongoing skilled physical medicine treatment. Based on the clinical information received, the request is non-certified.