

Case Number:	CM14-0073854		
Date Assigned:	07/16/2014	Date of Injury:	07/02/2012
Decision Date:	08/14/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/21/2014

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, has a subspecialty in Interventional Spine Surgery 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 patient is a 47-year-old male with date of injury of 07/02/2012. The listed diagnoses per [REDACTED] dated 05/07/2014 are: 1. Status post right open carpal tunnel release, date unknown. 2. Status post right forearm, wrist, and hand compression crush injury of questionable force. 3. Diabetes mellitus. According to this report, the patient is 3 months postoperative. He seems a bit more agitated. He complains of pain in his thumb and fingers when he rises up his right arm. His right thumb feels very weak. His small finger is numb up to his elbow. He has pain in his right wrist. He is not working. The physical examination shows decreased sensation to light touch on all fingers of the right hand. There is a well-healed scar from his right carpal tunnel release. He has good wrist and finger motion overall. There is diffuse tenderness on the forearm and wrist. There are no swelling and no dystrophic changes. There is brisk capillary refill. The utilization review denied the request on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Occupational Therapy 2x4 for the right hand: Upheld

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

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

Decision rationale: This patient presents with pain in his thumb, fingers and right wrist. The patient is status post right open carpal tunnel release, approximately Feb 2014. The patient's surgery appears to be from Feb 2014 and is past the post-surgical time-frame. For physical medicine outside of post-surgical guidelines, MTUS page 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The occupational therapy report dated 04/21/2014 documents 12 visits of therapy. The report showed that the patient range of motion is improving in the shoulder and wrist, but the pain has been unchanged. He states that he has constant symptoms in the thumb, index, and middle finger that radiates up to his arms. The ulnar side of his wrist is painful to his elbow. In this case, the patient has received some 12 physical therapy visits recently with some improvement. The treater's request of 8 additional occupational therapy sessions in addition to the 12 that the patient received recently, would exceed MTUS guidelines. The patient should be able to transition into a self-directed home exercise program to improve range of motion and strength. Recommendation is for denial.