

Case Number:	CM14-0076628		
Date Assigned:	07/18/2014	Date of Injury:	03/07/2011
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

This patient is a 61 year old male with an injury date of 03/07/11. Based on the 04/24/14 progress report by [REDACTED], this patient "continues to received treatment for his cervical spine" with some "increased symptoms on the left." Exam of this patient by [REDACTED] shows "mild tenderness over the carpal tunnel scars bilaterally," and "Tinel's sign and Phalen's test are equivocal on the right and negative on the left" with diminished grip strength. Diagnoses for this patient are: 1. Status post C6-C6 discectomy and fusion (11/26/13). 2. Status post left carpal tunnel release with ulnar nerve decompression at the wrist (March, 2013). 3. Status post revision right carpal tunnel release with hypothenar flap (09/10/12). 4. Status post bilateral ASAD (02/27/12). 5. Bilateral forearm tendonitis. 6. Bilateral thumb CMC arthrosis. 7. Possible right volar wrist ganglion cyst. The utilization review being challenged is dated 05/12/14. The request is for additional occupational therapy 2 x 6 to bilateral wrists. The requesting provider is [REDACTED] and he provided progress reports from 11/07/13 to 07/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 x 6 to the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome (p15, MTUS post-surgical guides) Page(s): 15.

Decision rationale: This patient presents with some pain and weakness in the right hand. The patient had revision right carpal tunnel release from March 2013. The treater requests additional occupational therapy 2 x 6 to bilateral wrists. Regarding carpal tunnel syndrome, MTUS post-surgical treatment guidelines state 3-8 visits over 3-5 weeks within 3 months, but this patient is outside of the MTUS postsurgical time frame of 3 months. However, MTUS guidelines do allow 8-10 sessions of physical therapy for various myalgias and neuralgias. In the 04/23/14 Qualified Medical Re-Evaluation (QME) there are several notations in the timeline that mention a home exercise program this patient has participated in. The request of 12 additional sessions not only exceeds the maximum recommended by MTUS guidelines for this type of diagnosis; there is no documentation why this patient cannot reasonably continue his directed home exercise program. Furthermore, there is a lack of therapy documentation addressing objective and subjective improvements related to the hands/wrists, as provided physical therapy reports (prior to the utilization review date being challenged of 05/12/14) note exams relate to the cervical spine and shoulders. The request is not medically necessary.