

Case Number:	CM14-0076707		
Date Assigned:	07/18/2014	Date of Injury:	08/21/2009
Decision Date:	10/17/2014	UR Denial Date:	05/08/2014
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 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:

This is a 69-year-old female patient who reported an industrial injury on 8/21/2009, over five (5) years ago, to the left wrist attributed to the performance of her usual and customary job tasks. The patient is s/p left CTR and has had 16 sessions of post operative PT to the wrist. The patient reported pain only with certain movements. The patient reported tacking strength. The diagnosis was s/p CTR. The treatment plan included 2x6 additional sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2x6, Left wist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and hand complaints PT/OT; CTS--physical therapy s/p CTR

Decision rationale: The request for 2x6 additional sessions of postoperative, CTR PT/OT is not supported with objective evidence to demonstrate medical necessity and exceeds the CA MTUS recommended number of sessions of for the rehabilitation of the post-operative CTR. The patient is diagnosed with s/p left CTR. Patient has received 16 sessions of physical therapy for left CTR

and has exceeded the recommendations of the California MTUS. The patient has exceeded the time period recommended by the California MTUS for rehabilitation status post CTR. The number of postoperative sessions of physical therapy requested the treating physician is not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program with the appropriate hand exercises. The patient has received more sessions of physical therapy than the number recommended by the California MTUS. The patient is well beyond the 3-5 weeks recommended for postoperative rehabilitation. The patient should be participating in a self-directed home exercise program for conditioning and strengthening of the left wrist/hand. The patient has exceeded the CA MTUS recommended number of sessions for CTR rehabilitation. The medical necessity of more sessions of PT/OT for strengthening or is not demonstrated to be medically necessary as opposed to the recommended self-directed home exercise program. The patient has received 16 sessions of OT s/p left CTR and has already significantly exceeded the recommendations of the CA MTUS. The new request significantly exceeds the recommendations of the CA MTUS. The patient is over the time interval recommended for rehabilitation PT. The CA MTUS and the Official Disability Guidelines recommend up to 5-8 session of postoperative physical/occupational therapy post carpal tunnel release surgery over a period of 3-5 weeks. The requested 3x4 additional sessions exceeds the recommended number of sessions recommended for postoperative rehabilitation s/p CTR by the current evidence-based guidelines. There was no objective evidence provided to support the medical necessity of the request for authorization of additional physical therapy to the wrist/hand beyond the number recommended by the CA MTUS. There was no demonstrated muscle atrophy or weakness. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional 2x6 sessions of occupational therapy. There is no subjective/objective evidence or a rationale provided by the requesting provider to support the medical necessity of additional occupational therapy over the recommended home exercise program for continued strengthening and conditioning. The medical records submitted for review fail to document any red flags or significant functional objective deficits that would preclude the patient from being able to participate in an independent home exercise program after the provision of the recommended five-eight (5-8) sessions of postoperative PT for the CTR. The patient should be placed on active participation in an independently applied home exercise program consisting of stretching, strengthening, and range of motion exercises.