MAXIMUS Federal Services

Case Number:	CM14-0190012		
Date Assigned:	11/21/2014	Date of Injury:	07/22/2013
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation, has a subspecialty in Pain 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 female patient with a date of injury of July 22, 2013. A utilization review determination dated October 30, 2014 recommends non-certification of occupational therapy for left side CTR 12 sessions. A progress note dated October 7, 2014 identifies subjective complaints of pain and numbness in left-hand that is improving with therapy. The physical examination identifies a positive impingement sign of the right shoulder, mild trapezial and parascapular tenderness on the right, slight tenderness over the left carpal tunnel scar, and Tinel's sign and Phalen's tests are negative. The diagnoses include status post left carpal tunnel release, status post right carpal tunnel with ulnar nerve decompression at the wrist, right shoulder impingement, bilateral forearm tendinitis, trapezial and parascapular strain, bilateral radial tunnel syndrome, and bilateral thumb CBC synovitis. The treatment plan recommends continuation of OT twice weekly for the next six weeks to work on stretching, modalities, and gradual strengthening. The treatment plan also recommends continuation of nonsteroidal anti-inflammatory medication and a stomach protective medication given the patient's history of GERD. The following prescriptions were dispensed Naprosyn 500 mg #60 and Prilosec 20mg #60. An operative report dated August 18, 2014 identifies a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for left sided CTR, twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow &Upper Arm, Forearm, Wrist & Hand Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy

Decision rationale: Regarding the request for occupational therapy for left side CTR for 12 sessions, Post Surgical Treatment Guidelines recommend a maximum of 8 therapy sessions following carpal tunnel release. Within the documentation available for review, there is no indication as to why additional therapy above and beyond what is recommended by guidelines would be needed in this case. Additionally, there is no documentation of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for occupational therapy for left side CTR for 12 sessions is not medically necessary.