MAXIMUS Federal Services

Case Number:	CM14-0190798		
Date Assigned:	11/24/2014	Date of Injury:	01/10/2012
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/15/2014

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 Geriatrics and is licensed to practice in New York. 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 46 year old female with a reported industrial injury on January 10, 2012, the mechanism of the injury was not provided in the available medical records. The diagnosis on August 12, 2014 on the orthopedics progress note is Bilateral Carpal tunnel syndrome and sprains of both hands and wrist. The injured worker complained of her right index, long and ring fingers go numb as soon as the braces are removed and she continues to experience numbness and pain on the left which are getting worse. The physical exam was positive on the right wrist for Tinel sign and Durkan sign. Phalen testing was also painful. On the left Tinel sign was positive. On the right, sensibility testing reveals sensibility in the median nerve to be great than the ulnar nerve. On the left, sensibility is diminished in the median nerve distribution. Diagnostic studies done included electrodiagnostic studies on December 9, 2013 and results showed entrapment neuropathy of the median nerve at the right wrist, not the left wrist. There was entrapment neuropathy of the ulnar nerve across the left elbow with very mild entrapment neuropathy of the ulnar nerve at the left wrist. There was no ulnar nerve problem on the left. Medical treatment included cortisone injections on July 2, 2013 to the right wrist and to the left wrist on July 23, 2013. Treatment recommendation is for carpel tunnel release of right and ulnar nerve release on the left at both the cubital tunnel and canal of Guyon. The injured workers work status is temporary total disability. On October 14, 2014 a request was made for 12 sessions of post-operative occupational therapy 2 times a week for 6 weeks to right wrist. The Utilization Review non-certified the request for 12 sessions of post-operative occupational therapy 2 times a week for 6 weeks to right wrist on October 20, 2014, The Utilization Review non-certification was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure, Outpatient (12 Sessions of Post-op Occupational Therapy, 2 per week for 6 weeks to the right wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Physical Medicine Guidelines allow for 3 to 5 visits over 4 weeks after surgery to a maximum of 3-8 visits over 3-5 weeks. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. In this injured worker, the requested number of occupational therapy visits exceeds the recommended amount and the records do not document rationale for 12 visits or support the medical necessity for 12 Sessions of Post-op Occupational Therapy, 2 per week for 6 weeks to the right wrist. The request is not medically necessary.