

Case Number:	CM14-0203258		
Date Assigned:	12/15/2014	Date of Injury:	02/05/2014
Decision Date:	02/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Occupational 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:

Injured worker (IW) is a right hand dominant, 44 year old female who sustained an upper extremity industrial injury on 02/05/14. The submitted records indicate that she developed bilateral carpal tunnel syndrome, bilateral shoulder pain with possible myofascial syndrome and impingement, and left elbow lateral epicondylitis as a result of repetitive use. 02/18/14 upper extremity nerve conduction studies were consistent with bilateral carpal tunnel syndrome and EMG studies were normal. As of 07/03/14 she was no longer working for her former employer and had taken a job with another company. On exam, no atrophy was noted in either upper extremity. There was full range of motion of the shoulders, elbows, wrists, and digits. There was mild discomfort on deep palpation of the trapezius and long head of the biceps tendon with some mild impingement signs at the shoulder. Very mild myofascial tenderness was noted in the upper arm and proximal forearm. Carpal tunnel compression test was positive bilaterally and Tinel's test was equivocal. Normal strength was noted in the EPL, APB, and first dorsal interosseus muscles and she was able to make a full composite grip without difficulty. Finkelstein test was negative. 08/12/14 office note stated that grip strength was diminished. Treating physician stated that she would see whether bilateral shoulder and left elbow symptoms improved with medications and carpal tunnel releases. After only partial relief with conservative treatments including wrist braces and medications, sequential bilateral carpal tunnel releases and 8 sessions of postoperative occupational therapy (OT) were certified in August 2014. IW underwent left carpal tunnel release on 09/18/14. 09/29/14 office note stated that she reported significant improvement in left hand numbness and sleep, but continued to have right hand numbness and pain. She had returned to modified duty. She wished to complete right hand surgery after the beginning of the year. Well-healed surgical incision was noted. There was good digital range of motion and some tenderness in area of decompression. Sutures were

removed. She was instructed in home exercises and was referred to therapy. 09/29/14 occupational therapy evaluation stated that IW reported relief of left wrist pain following surgery. Left wrist range of motion was mildly limited. Mild/moderate hypersensitivity was noted at left wrist scar. IW was instructed in home exercises and was fitted with a custom silicone scar mold, but no other OT notes are available. 12 additional OT sessions (2 x 6) for the left hand and 12 additional OT sessions (2 x 6) for the right hand have been requested. In addition, 12 additional OT sessions (2 x 6) for the bilateral shoulders and bilateral elbows have been requested. 11/21/14 utilization review recommended partial certification for 8 OT sessions for the right wrist and denial for additional OT for the left wrist, citing MTUS recommendations. Reviewer noted history of extensive previous PT/OT without documented significant objective improvement in denying additional therapy for the elbows and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 6 weeks (12 sessions) left/wrist hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS recommends 3-8 postoperative occupational therapy or physical therapy visits over 3-5 weeks following carpal tunnel release, and recommends a postsurgical physical medicine treatment period of 3 months. IW has completed the amount of postoperative therapy recommended by MTUS for the left wrist, and is now outside of the physical medicine treatment period. Results of previous therapy are not documented. Current symptoms or functional deficits are not documented. No explanation was documented as to why IW cannot be transitioned from skilled therapy to a home exercise program at this point in care. Based upon duration/amount of requested therapy exceeding MTUS recommendations, lack of documented response to previous therapy, and lack of documented current functional deficits, medical necessity is not established for additional OT sessions for the left wrist/hand.

Occupational Therapy 2 times a week for 6 weeks (12 sessions) right/wrist hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: IW has been certified for right wrist carpal tunnel release and the 12 requested OT sessions for the right wrist appear to be in the context of post-surgical care. MTUS recommends 3-8 postoperative occupational therapy or physical therapy visits over 3-5 weeks following carpal tunnel release. No exceptional factors are documented which would support the medical necessity for a course of postoperative therapy exceeding the guideline. Medical necessity is therefore not established for the requested 12 OT sessions for the right wrist.

Additional Occupational Therapy 2 times a week for 6 weeks (12sessions) bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202,203,212,216,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The most recent documented history and physical exam pertaining to the shoulders is approximately 6 months old. It is unknown whether there has been a change in shoulder symptoms since that time. Although previous reviewer stated that IW has completed extensive previous therapy for the shoulders, I cannot verify any previous therapy for the shoulders based upon the submitted documentation. MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 PT sessions for myalgia/myositis, but are silent concerning physical therapy treatment for impingement. ACOEM Guidelines Shoulder Chapter supports stretching and strengthening exercises and counseling/evaluation in a home exercise program for patients with shoulder complaints. Approximately one year has elapsed since date of injury. Algorithm 9-3 [Evaluation of Slow-to-recover Patients with Occupational Shoulder Complaints (Symptoms > 4 weeks)] recommends referral for stabilization exercises for patients without adequate exercise program. ACOEM Guidelines are however silent concerning an optimum number of PT sessions for the shoulder. ODG recommends up to 10 PT visits for treatment of shoulder impingement or rotator cuff syndrome. Based upon chronicity of symptoms, lack of a recent documented medical history or physical exam relating to the shoulders, lack of information concerning amount of or response to previous therapy, and amount of treatment exceeding ODG recommendations, medical necessity is not established for the requested 12 additional OT sessions for the bilateral shoulders.

Additional Occupational Therapy 2 times a week for 6 weeks (12sessions) bilateral elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-30,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The most recent documented history and physical exam pertaining to the elbows is approximately 6 months old. It is unknown whether there has been a change in elbow symptoms since that time. Although previous reviewer stated that IW has completed extensive previous therapy for the elbows, I cannot verify any previous therapy for the elbows based upon the submitted documentation. MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 PT sessions for myalgia/myositis, but are silent concerning physical therapy treatment for epicondylitis/epicondylalgia. ACOEM Guidelines recommends 8-12 therapy visits over 6-8

weeks for patients with severe symptoms, 5-6 visits for patients with moderate problems, and states that patients with mild symptoms may require either no therapy appointments or only a few appointments. There is no information concerning severity of current symptoms which would serve as a guide to an appropriate amount of therapy for the elbows in this case. In addition, significant problems with the right elbow are not documented. ACOEM Guidelines state: "The therapist should document objective evidence of functional improvement in order to justify continued care. This can be demonstrated by a combination of clinical improvement in disability questionnaires (e.g., DASH or Upper Extremity Function Scale), improvement in pain-free grip strength, or improvement in lifting ability, or some other functional activity (i.e., the therapist should be evaluating the patient's performance of an activity found to be limited at the time of the initial evaluation). Instead of focusing on a specific number of visits/treatment duration, identifying trends in the treatment provided are likely to be more helpful...It is reasonable to expect that if a particular treatment is going to benefit a particular patient, beneficial effects should be evident within 2-3 visits. Continuing with a treatment that has not resulted in objective improvement is not reasonable. Treatment that has not resulted in improvement after a couple of visits should either be modified substantially or discontinued." Due to lack of recent documented history and physical exam pertaining to the elbows, lack of information concerning severity of current symptoms, and lack of information concerning amount of or response to previous therapy, medical necessity is not established for the requested additional 12 OT sessions for the bilateral elbows.