

Case Number:	CM14-0205098		
Date Assigned:	12/17/2014	Date of Injury:	05/25/2010
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/08/2014

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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of December 7, 1974. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with de Quervain's tenosynovitis; and work restrictions. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the wrist. The claims administrator invoked the MTUS Post Surgical Treatment Guidelines on carpal tunnel syndrome. The date of surgery was not stated, however. The claims administrator noted that the applicant had undergone a carpal tunnel release surgery and had residual issues with synovitis and tenosynovitis. The claims administrator referenced a progress note dated October 20, 2014 and an RFA form received on November 12, 2014 in its determination. The applicant's attorney subsequently appealed. On said October 27, 2014 progress note, the applicant was given diagnosis of hand and wrist pain status post earlier carpal tunnel release surgery and first dorsal compartment release surgery. Residual complaints of pain were noted. A negative Finkelstein maneuver was noted with tenderness about the surgical scar. A rather proscriptive 5-pound lifting limitation was endorsed. The date of surgery was not clearly stated. The attending provider stated that the applicant was magnifying his symptoms but nevertheless asked him to pursue additional occupational therapy. Voltaren, Protonix, and tramadol were endorsed. The applicant exhibited 10 pounds of grip strength about the right hand versus 60 pounds about the left hand. In an October 3, 2014 progress note, the applicant reported persistent complaints of hand pain, wrist pain, neck pain, anxiety, and depression. The applicant also reported issues with paresthesias. The applicant had undergone an unspecified hand and wrist surgery in June 2012 and a later hand and wrist surgery on August 15, 2014 surgery, neither of which have resulted in

any significant improvement. The applicant was still having difficulty with gripping, grasping, lifting, pushing, and pulling, it was noted. The applicant had not worked since March 2007 and denied any self-employed income. In progress notes dated August 20, 2014 and September 29, 2014, the applicant was again asked to pursue additional occupational therapy while remaining off of work, on total temporary disability. The applicant's grip strength on September 29, 2014 was 90 pounds about the right hand versus 20 pounds about the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant was still within the six-month postsurgical physical medicine treatment period established in the MTUS 9792.24.3 following earlier radial styloid tenosynovectomy surgery on August 15, 2014 as of the date additional physical therapy was sought, on October 27, 2014. Furthermore, the applicant had reportedly had prior treatment authorized (at least 14 sessions, per the claims administrator), seemingly consistent with the 14-session course recommended following radial styloid tenosynovectomy surgery. The MTUS 9792.24.3.c.4.b further stipulates that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated. Here, the applicant was described on October 27, 2014 as demonstrating no improvements to date. Significantly diminished grip strength was noted on that date, which the attending provider imputed to symptom magnification. A rather proscriptive 5-pound lifting limitation was endorsed, effectively resulting in the applicant's removal from the workplace. The applicant remained dependent on opioid agents such as Ultram and non-opioid agents such as Voltaren. All of the foregoing taken together suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite earlier treatment already consistent with the MTUS parameters. Therefore, the request for additional physical therapy was not medically necessary.