

Case Number:	CM14-0099892		
Date Assigned:	08/29/2014	Date of Injury:	01/28/2013
Decision Date:	01/27/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 61 year old female with an injury date of 01/28/13. Based on the 04/23/14 progress report provided by treating physician, the patient complains of bilateral upper extremity pain rated 8/10. Physical examination revealed grip strength in the right hand to be 15, 15, 10 pounds and in the left 5, 0, 5 pounds. Tenderness noted over the first dorsal compartment with positive bilateral Finkelstein. Tenderness over right medial epicondyle, positive Tinel's and positive right elbow flexion test. Treater plans to "start patient in formal hand therapy at least two times a week for six weeks to treat the underlying tendinitis and compressive neuropathies on both hands... if the is no response to hand therapy and injections, then we will have to consider surgery on the patient..." Per progress report dated 05/07/14, patient uses Flector patches and may work with restrictions. Diagnosis 04/23/14- right cubital tunnel syndrome with medial epicondylitis- right first carpometacarpal joint and metacarpophalangeal joint synovitis- right extensor tendinitis located at the first metacarpal- right de Quervain's- left ring and little finger chronic tendinitis with some triggering of the ring finger- left de Quervain's- bilateral carpal tunnel syndrome Diagnosis 05/07/14- status post left carpal tunnel release, 10/08/13- right carpal tunnel syndrome, clinically The utilization review determination being challenged is dated 06/11/14. The rationale is " 9 occupational therapy sessions completed per 06/02/14 report..." Treatment reports were provided from 12/09/13 - 05/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of additional occupational therapy to the bilateral wrists, two sessions per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with bilateral upper extremity pain rated 8/10. The request is for 12 Sessions of Additional Occupational Therapy to the Bilateral Wrists, Two Sessions per Week for Six Weeks. The patient is status post left carpal tunnel release, 10/08/13. Patient's diagnosis on 04/23/14 included right cubital tunnel syndrome with medial epicondylitis, and bilateral carpal tunnel syndrome. Physical examination on 04/23/14 revealed grip strength in the right hand to be 15, 15, 10 pounds and in the left 5, 0, 5 pounds. Tenderness noted over the first dorsal compartment with positive bilateral Finkelstein. Tenderness over right medial epicondyle, positive Tinel's and positive right elbow flexion test. Per progress report dated 05/07/14, patient uses Flector patches and may work with restrictions. MTUS pages 98, 99 contain the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 04/23/14, treater plans to "start patient in formal hand therapy at least two times a week for six weeks to treat the underlying tendinitis and compressive neuropathies on both hands... if there is no response to hand therapy and injections, then we will have to consider surgery on the patient..." UR letter dated 06/27/14 states "9 occupational therapy sessions completed per 06/02/14 report..." Treater does not discuss why patient cannot move on to home exercise program and needs formalized therapy. There is no discussion of flare-up's or new injury to warrant additional therapy. Furthermore, the request for 12 sessions exceeds MTUS allowable recommendation. Therefore the request IS NOT medically necessary.