

Case Number:	CM15-0002863		
Date Assigned:	01/13/2015	Date of Injury:	12/01/2006
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 26 year old female, who sustained an industrial injury on 12/01/2006. She has reported right upper extremity symptoms and pain in both hands. She had impaired light touch sensation in the right ulnar digits. There was a positive Tinels at the right elbow. The diagnoses have included right carpal tunnel syndrome. Treatment to date has included right carpal tunnel release, right 1st dorsal compartment release, and right lateral elbow decompression on 12/01/2010. Residual symptoms and right ulnar neuropathy began following the surgery. The IW had an EMG of the upper extremities on 12/12/12 that did not show evidence of carpal tunnel or cubital tunnel syndrome. She was deemed permanent and stationary on 03/08/2013 and was provided a 2% Whole Person Impairment (WPI) rating for chronic tendinitis, and future medical care was left open. In a follow-up report dated 11/17/2014 she is experiencing pain in both hands with impaired light touch sensation in the right ulnar digits. There is a positive Tinels at the right elbow. The IW has attended 1/8 sessions of occupational therapy for the hands, and on 12/01/2014 a Request for authorization (ROA) was made for 7 remaining sessions. On 12/10/2014 Utilization Review non-certified Occupational hand therapy, quantity 7, noting the submitted documentation reflected 1 of 8 authorized occupational therapy sessions attended. It was not apparent whether or not the claimant has attended the remaining occupational therapy sessions. There was no note as to the response or objective evidence of functional benefits obtained from the session. The medical necessity was not established. The ACOEM - American College of Occupational and Environmental Medicine chapter 11 and Official Disability Guide-Treatment in Worker's Compensation (ODG-TWC) Forearm, Wrist,

and Hand were cited. On 01/06/2015, the injured worker submitted an application for IMR for review Occupational hand therapy, quantity 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy, quantity 7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with pain and weakness in both of her hands and right arm. The patient is s/p right carpal tunnel release, right 1st dorsal compartment release and right lateral elbow release on 12/01/10. The request is for 7 SESSIONS OF OCCUPATIONAL THERAPY. Per 11/17/14 progress report, the patient had the authorization for 8 sessions of occupational therapy and has attended only one session. The patient still works at the call center. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, this patient has persistent pain and numbness in both of her hands, right worse than left. The treater wants to extend the authorization for the remaining 7 sessions of occupational hand therapy. The requested seven sessions combined with one already received would not exceed what is allowed per MTUS for this kind of condition. The request IS medically necessary.