

Case Number:	CM15-0005340		
Date Assigned:	01/16/2015	Date of Injury:	01/19/2012
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 58 year old female with an industrial injury dated January 19, 2012. The injured worker diagnoses include status post bilateral carpal tunnel release, right hand third and fourth digit trigger fingers, status post trigger finger release, left hand arthrofibrosis, left shoulder rotator cuff syndrome, rule out tear, left shoulder, rule out ulnar neuropathy or cubital tunnel syndrome, positive bilateral moderate compression of the median nerve at the carpal tunnel, and right small finger triggering. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 11/26/14, objective findings revealed slight loss of sensation over the palmar wrist bilaterally, right greater than the left. Documentation also noted evidence of triggering of the left little finger. The treating physician prescribed services for occupational therapy for the bilateral wrists, twice weekly for six weeks and physical therapy for the bilateral shoulders, twice weekly for six weeks. Utilization Review determination on December 10, 2014 denied the request for occupational therapy for the bilateral wrists, twice weekly for six weeks and physical therapy for the bilateral shoulders, twice weekly for six weeks, citing MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the bilateral wrists, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201 - 205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine

Decision rationale: Per ODG, occupational therapy after carpal tunnel release may be recommended for a total of 8 sessions over a period of 3 to 5 weeks. There is no documentation of any functional deficit requiring occupational therapy services. Per the documentation the claimant can use her hands but still experiences pain. In addition, the number of sessions requested by the provider exceeds ODG recommendations. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Physical therapy for the bilateral shoulders, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201 - 205.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 (pdf format).

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of shoulder pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed 6 physical therapy sessions without evidence of functional improvement. There is no specific indication for the requested additional 12 physical therapy sessions. Medical necessity for the requested 12 physical therapy sessions for the bilateral shoulder has not been established. The requested service is not medically necessary.