

Case Number:	CM15-0009907		
Date Assigned:	01/27/2015	Date of Injury:	07/24/2012
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial injury on 07/24/2012. The injured worker reported symptoms in the bilateral extremities. The diagnoses included right cubital tunnel syndrome with medial epicondylar symptoms, right carpal tunnel syndrome, left thumb stenosing tenosynovitis or trigger finger, status post left carpal tunnel release and ulnar nerve surgery. Treatments to date have included status post left carpal tunnel release. PR2 dated 12/10/14 noted the injured worker presents with "pain that radiates now from her hand into the upper parascapular region...pain in her shoulder blade.", the treating physician is requesting Occupational Therapy visits for the bilateral hand/wrist, left thumb and right elbow, 2 visits per week for 4 weeks. On 1/7/15, Utilization Review non-certified a request for Occupational Therapy visits for the bilateral hand/wrist, left thumb and right elbow, 2 visits per week for 4 weeks modified to 4 Occupational Therapy visits for the right hand only. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy visits for the bilateral hand/wrist, left thumb and right elbow, 2 x 4:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Per the MTUS Guidelines, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 3-8 visits over 3-5 weeks. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Utilization review modified this request to 4 visits total and only from the right hand only. The injured worker is noted to have left upper extremity surgeries in 2000, and this request is for post-operative therapy for the right upper extremity. The injured worker has likely had physical therapy previously, however this is not reported with total amount of sessions and efficacy of therapy. Home exercise programs can be prescribed by treating physicians, especially when patients have had prior experience with therapist guided rehabilitation. The request for 8 sessions of therapy is not consistent with the recommendations of the MTUS Guidelines without a report of benefit following the first week of therapy. The request for Occupational Therapy visits for the bilateral hand/wrist, left thumb and right elbow, 2 x 4 is determined to not be medically necessary.