

Case Number:	CM15-0106471		
Date Assigned:	06/10/2015	Date of Injury:	09/01/2010
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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 year old 63 male who sustained a repetitive industrial injury to the upper extremities, bilateral shoulders and hands on 09/01/2010. The injured worker was diagnosed with carpal tunnel syndrome, shoulder impingement syndrome, tenosynovitis of the wrists and bilateral De Quervain's tenosynovitis. Treatment to date includes conservative measures, thumb spica splint and medications. According to the primary treating physician's progress report on April 22, 2015, the injured worker continues to experience bilateral upper extremity and hand pain with numbness in the digits. The injured worker also reports dropping objects. Examination demonstrated bilateral subacromial, lateral epicondyle, scapholunate, trapezium and trapezoid tenderness. Full range of motion of the wrists was documented with positive Tinel's at the bilateral wrists. Grip strength was -5/5 bilaterally. There was diminished sensation in the bilateral C7 dermatome distribution with 2+deep tendon reflexes. Current medications are listed as Pamelor and Voltaren gel. Treatment plan consists of continuing with medication regimen, appeal electrodiagnostic studies, ice and heat as needed and the current request for occupational hand therapy times 9 sessions and bilateral ProCare Brand spica splints to be used at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Spica Splints Procare Brand to be used at night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 551.

Decision rationale: Per the MTUS Guidelines, in general, immobilization of the elbow or wrist should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. Some experts believe splinting potentially contributes to elbow pain. When immobilization is utilized, range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder (adhesive capsulitis). This injured worker had no history of a recent elbow or wrist surgery. The injured worker was treated in 2012 by occupational therapy for repetitive strain of the bilateral upper extremities, hands, and wrist. Bilateral spica splints were utilized at that time; however, there is no evidence of the therapeutic value of the splints in the available documentation. The request for bilateral spica splints Procure brand to be used at night is determined to not be medically necessary.

Occupational Hand Therapy x9 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter/Physical Therapy Section.

Decision rationale: MTUS guidelines recommend occupational therapy after surgery and amputation. ODG Physical/Occupational Therapy Guidelines recommend occupational therapy as follows: Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. For sprains and strains of the wrist, the ODG recommends 9 visits over 8 weeks. The injured worker was treated in 2012 by occupational therapy for repetitive strain of the bilateral upper extremities, hands, and wrist. Bilateral spica splints were utilized at that time, however, there is no evidence of the therapeutic value of the occupational therapy visits. The injured worker should have been able to continue with a home-based exercise program after the visits with occupational therapy ended. The request for occupational hand therapy x 9 sessions is determined to not be medically necessary.