

Case Number:	CM15-0138246		
Date Assigned:	08/05/2015	Date of Injury:	05/07/2014
Decision Date:	09/29/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 is a 61 year old male who sustained an industrial injury on 5-7-14. In a progress report dated 5-28-15, the primary treating physician notes he is status post right carpal tunnel release on 3-6-15. The wound is well-healed. He still has some wound tenderness over the ulnar aspect of the wound. Wrist flexion is 54 degrees and extension is 50 degrees. The treatment plan notes a hopeful return to work in 6 weeks and that he has pending nerve conduction studies and a follow up re-evaluation. In a discharge report dated 4-28-15, the therapist reports, this is the 12th visit of hand therapy and he is transitioning to a home exercise program. He reports he has discomfort on the ulnar side of the carpal tunnel release incision, that he feels a little stronger and reports compliance with home exercise. It is noted that he has partially met the identified functional goals and will be discharged from therapy at this time. In a therapy re-evaluation note dated 5-20-15, the therapist reports the injured worker is back for an additional 6 hand therapy appointments with main complaint of pain at the pisiform and thenar eminence and he notes that his right dominant hand fatigues. In a therapy report dated 6-2-15, it is noted it is the final day, visit 18 of hand therapy and the injured worker notes that he continues to have slight pain at the carpometacarpal joint and would like to continue, to increase strength for a return to work. He reports compliance with the home exercise program. A request for authorization dated 6-23-15 notes a diagnosis of carpal tunnel syndrome with a request for occupational therapy of the right wrist for strengthening 3x6, continuation. The requested treatment is occupational therapy strengthening 3 times a week for 6 weeks - right wrist, continuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy strengthening 3x6 right wrist continuation: Upheld

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

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

Decision rationale: Based on the 5/15/15 progress report provided by the treating physician, this patient presents with left hand/wrist pain that is tingling/burning. The treater has asked for Occupational Therapy Strengthening 3x6 Right Wrist Continuation but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization form dated 6/13/15 is carpal tunnel syndrome. The patient had an EMG which came out positive per 5/15/15 report. The patient no longer takes NSAIDs due to gastritis. The patient is "complaining of a lot of pain" and has new symptoms. The patient is currently on modified duty per 5/15/15 report. MTUS, Physical Medicine Section, Pg. 98, 99: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The treater has requested 18 sessions of OT for the right wrist. Review of reports do not show recent therapy, although the utilization review letter dated 6/30/15 states the patient had an unspecified number of sessions already. In this case, the patient would benefit from a course of occupational therapy; however, MTUS recommends an initial trial of 9-10 sessions. The current request for 18 sessions exceeds what is recommended by MTUS. The request is not medically necessary.