

Case Number:	CM15-0143252		
Date Assigned:	08/07/2015	Date of Injury:	01/04/2015
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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, Pain Management

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 62 year old female, who sustained an industrial injury on 1-4-15. She has reported initial complaints of right arm, shoulder injury and right knee injury after a slip doing laundry. The diagnoses have included right hand, wrist, elbow, and shoulder pain and stiffness secondary to fall and possible fracture, possible right wrist fracture, healed, right carpal tunnel syndrome and right cubital tunnel syndrome. Treatment to date has included medications, diagnostics, physical therapy, activity modifications, wrist bracing, consultation and other modalities. Currently, as per the physician progress note dated 6-29-15, the injured worker complains of pain throughout the right upper extremity including the wrist, elbow and shoulder with numbness to the fingers. The diagnostic testing that was performed included x-rays of the right wrist and elbow and electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral; upper extremities. The objective findings reveal limited motion of the right shoulder and guarding and limitation of the right wrist and digits. The injured worker is guarded throughout the exam due to pain in the entire wrist. There is tenderness to palpation in the entire right upper extremity, including the hand, wrist, elbow and arm. The motor exam was difficult due to pain and there is also numbness to touch throughout the fingertips. There is a positive Tinel sign at the carpal tunnel and she was unable to perform the grip test. There is no previous therapy sessions noted in the records. The physician requested treatment included Occupational therapy re-evaluation, right wrist 3 times a week for 4 weeks for a diagnosis of CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy re-evaluation, right wrist 3 x 4 (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Physical medicine treatment.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS. Within the documentation available for review, it is unclear if the patient has previously undergone therapy sessions for this problem. If so, there is no documentation of objective functional improvement as well as residual treatment goals which are expected to be addressed with therapy but could not be addressed with an independent program of home exercise. If the patient has not undergone physical therapy for this problem previously, the current request exceeds the number recommended by guidelines for this patient's diagnoses. As such, the currently requested additional physical therapy is not medically necessary.