MAXIMUS Federal Services

Case Number:	CM15-0144250		
Date Assigned:	08/05/2015	Date of Injury:	12/18/2013
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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:

This injured worker is a 53 year old female who reported an industrial injury on 12-18-2013. Her diagnoses, and or impression, were noted to include: "PN" carpal tunnel syndrome; right hand carpal tunnel syndrome; and bilateral lateral epicondylitis. No current imaging studies or x-rays were noted. Her treatments were noted to include: electrodiagnostic studies of the bilateral upper extremities (1-28-15); left wrist open carpal tunnel release surgery on 3-31-2015 with post-operative occupation therapy; activity modification; bracing; use of wheel chair; medication management; and rest from work. The progress notes of 7-6-2015 reported complaints of: frequent, moderate hand pain with triggering of thumb, following left hand surgery, which interfered with functionality and was made improved by rest and medications; and evaluation of response to post-operative occupational therapy. Objective findings were noted to include an 85% improvement following surgery and a review of the new electrodiagnostic studies. The physician's requests for treatments were noted to include additional occupational therapy for the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x4 total 8 bilateral hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Pg 114. Official Disability Guidelines, Physical /Occupational Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The 50 year old patient complains of pain in bilateral hands, as per progress report dated 07/06/15. The request is for OCCUPATIONAL THERAPY 2x4 TOTAL 8 BILATERAL HANDS. The RFA for the case is dated 07/09/15, and the patient's date of injury is 12/18/13. The patient is status post right carpal tunnel release on 12/09/14, as per progress report dated 03/18/15, and status post left carpal tunnel release on 03/31/15, as per the operative report. Diagnoses, as per progress report dated 07/06/15, included bilateral carpal tunnel syndrome and right lateral epicondylitis. Medications included Vicodin, Fluoxetine, Simvastatin and Medroxyprogesterone. Electrodiagnostic studies, dated 02/13/14, revealed bilateral wrist median neuropathy at carpal tunnel region. As per progress report dated 06/12/15, the patient complains of pain in neck, upper extremities, lower back and legs, rated at 10/10. The patient is not working, as per progress report dated 07/06/15.MTUS post-surgical guidelines, page 16, recommends 3-8 visits of PT over a period of 3-5 weeks. The post-operative time frame is 3 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient is status post right carpal tunnel release on 12/09/14, as per progress report dated 03/18/15, and status post left carpal tunnel release on 03/31/15, as per the operative report. As per MTUS, the post-operative time frame for carpal tunnel surgery is 3 months. Based on the RFA, the patient is not within the post-operative period. In progress report dated 05/28/15, the treater states that the patient has completed 12 sessions of OT which led to good response and "improved function and functional restoration are expected with additional therapies." In progress report dated 07/06/15, the treater states that the patient has completed 20 OT sessions and recommends 8 additional sessions. MTUS, however, recommends only 3-8 therapy sessions for patients undergoing carpal tunnel release and 8-10 sessions in non-operative cases. The patient's prior therapy has exceeded this limit. The patient, nonetheless, continues to have pain and poor function, indicating lack of efficacy. Additionally, it is not clear why the patient cannot transition into a home exercise regimen. Given the lack of appropriate documentation, the request IS NOT medically necessary.