

Case Number:	CM15-0162161		
Date Assigned:	08/28/2015	Date of Injury:	11/26/2012
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

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 49-year-old male with an industrial injury dated 11-26-2012. The injured worker's diagnoses include stiff fingers, carpal tunnel syndrome, and epicondylitis. Treatment consisted of right carpal tunnel release in 2014, left carpal tunnel release on 03-04-2015, 12 sessions of occupational therapy and periodic follow up visits. In the most recent occupational therapy reevaluation dated 06-15-2015, the functional assessment revealed that the injured worker was on antibiotics since 06-09-2015, that the scar was no longer red and swollen, and that the injured worker was still not functional with left hand. Documentation noted a 10 out of 10 pain when picking up light objects. In a progress note dated 06-30-2015, the treating physician noted decreased swelling in all digits with decreased range of motion, no numbness and tingling and inability to make a full fist. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for twelve additional occupational therapy visits two times a week for six weeks for the left wrist, hand and fingers, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional occupational therapy visits two times a week for six weeks for the left wrist, hand and fingers: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2012, underwent a right carpal tunnel release in 2014, and left carpal tunnel release in March 2015. As of 06/15/15, he had attended 10 occupational therapy treatment sessions. His postoperative course had been complicated by an infection and there had been improvement after antibiotic treatment. When seen, he had decreased swelling. He was no longer having numbness or tingling. There was decreased finger range of motion and he was unable to make a full fist. An additional 12 therapy treatment sessions were requested. After the surgery performed, guidelines recommend up to 8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended and the post-surgical treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to implement a home exercise program. The request does not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.