

Case Number:	CM15-0163038		
Date Assigned:	08/31/2015	Date of Injury:	01/30/2012
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/19/2015

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 57 year old female who sustained an industrial injury on 1-30-12. Her injury was noted to be a cumulative injury due to repetitive use of her hands while working. She complained of numbness, tingling, pain, and weakness in both hands. On 3-5-15, she complained of numbness and tingling in digits 3-5 bilaterally with bilateral elbow pain. She also reported forearm and wrist pain, as well as bilateral hand weakness. X-rays were obtained on that office visit of bilateral elbows. The treatment plan indicated that she had "signs and symptoms consistent with bilateral cubital tunnel syndrome, forearm tendonitis, which reportedly occurred years ago". An updated EMG-NCV was recommended to evaluate the cubital tunnel. A request was also made for "12 visits of certified hand therapy" and bilateral elbow extension splints. She was placed on an anti-inflammatory medication, as well as Omeprazole for her stomach. On 3-27-15, she presented for follow-up and review of the EMG-NCV, which was conducted on 3-16-15. She was diagnosed with "severe left CTR". A left carpal tunnel release surgery was recommended, as well as postoperative hand therapy. She underwent left carpal tunnel release surgery on 4-15-15. The 4-29-15 PR-2, requests authorization for hand therapy. She was noted to be receiving physical therapy on 6-2-15. On 7-2-15, a request for authorization was noted for "additional 6 visits of Occupational Therapy".

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 1x6 weeks for the Left Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, under Physical Medicine Treatment.

Decision rationale: The patient presents on 06/22/15 with incisional pain, with numbness, tingling, pain and weakness in the bilateral hands. The patient's date of injury is 01/30/12. Patient is status post left carpal tunnel release on 04/15/15. The request is for OCCUPATIONAL THERAPY 1X6 WEEKS FOR THE LEFT HAND. The RFA is dated 07/02/15. Physical examination dated 06/22/15 reveals a well healing surgical incision on the right wrist, decreased sensation to light touch in the thumb, index finger, and long finger with tenderness noted around the incision site with firm palpable scar tissue. The patient is currently prescribed DDVAP, Levothyroxine, and Effexor. Patient is currently working with modified duties. 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." Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, under Physical Medicine Treatment has the following: Carpal tunnel syndrome (ICD9 354.0): Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks...Post-surgical treatment (open): 3-8 visits over 3-5 weeks. In regard to the request for an additional 6 post-operative physical therapy sessions for this patient's carpal tunnel syndrome, the treater has exceeded guideline recommendations. Progress note dated 06/22/15 indicates that this patient has completed 8 visits of physical/occupational therapy directed at her wrist complaint post-operatively. Official disability guidelines allow for a maximum of 8 sessions for patients recovering from carpal tunnel release. The 6 requested in addition to the 8 already completed exceeds these recommendations. No rationale is provided as to why this patient is unable to transition to home-based self directed therapy, either. Therefore, the request IS NOT medically necessary.