

Case Number:	CM15-0163491		
Date Assigned:	08/31/2015	Date of Injury:	11/01/2011
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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 33 year old female who sustained an industrial injury on 11-01-11. A review of the medical records indicates the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, cervicobrachial syndrome, and bilateral medial and lateral epicondylitis. Medical records (06-09-15) reveal complaints of neck and upper extremity pain, reportedly reduced by 50% with Norco. There are no pain ratings documented on this date of service. The physical exam (06-09-15) reveals left wrist tenderness and normal muscle tone without atrophy in all 4 extremities. Treatment has included bilateral carpal tunnel release, right shoulder surgery and a cervical epidural steroid injection, as well as an unknown number of physical therapy sessions and medications including diclofenac cream ketamine cream, Tizanidine, topamax-topiramate, and hydrocodone. The original utilization review (07-22-15) noncertified occupational therapy to the bilateral wrists and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy twice a week for 6 weeks for the bilateral wrists and bilateral elbows:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. 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 2011 and continues to be treated for neck and bilateral upper extremity pain. A left carpal tunnel release was done in May 2015. When seen, medications were providing 50% pain relief. Physical examination findings included left wrist tenderness. Authorization for 12 sessions of physical therapy was requested. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 8 visits over 5 weeks. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of post-operative therapy visits is in excess of accepted guidelines and what would be needed to determine whether further therapy was needed or likely to be effective. In terms of the claimant's right wrist and elbows, there is no new injury. For physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of both recommendations or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.