

Case Number:	CM15-0192997		
Date Assigned:	10/07/2015	Date of Injury:	04/04/2003
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60 year old female with an industrial injury dated 04-04-2003. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndromes with right de Quervain's tenosynovitis, bilateral medial epicondylitis with cubital tunnel syndrome, bilateral shoulder tendinopathy with impingement, cervical strain, history of bilateral knee strains, and status post left carpal and cubital decompression with release of the first dorsal compartment on 08-12-2015. In a progress report dated 08-20-2015, the injured worker reported doing well following left carpal and cubital decompression with release of the first dorsal compartment on 08-12-2015. The injured worker had no complaints and denied drainage, redness, fever or chills. Physical exam (08-20-2015) revealed well approximated surgical incisions, little swelling, no signs of infection, and paucity of tenderness to palpitation. The extremity was neurovascularly intact. The treating physician reported that the injury was doing quite well following surgery with improved sensory and good range of motion return. According to the progress note dated 09-04-2015, the injured worker presented for postoperative check. The injured worker reported moderate weakness in the hand which was noted to be as expected. Current medications include Omeprazole, Tramadol, Naproxen sodium and Temazepam. Objective findings (09-04-2015) revealed minimal tenderness over the carpal and cubital tunnel and surgical site of the first dorsal compartment. Treatment has included diagnostic studies, prescribed medications, Kenalog injection, at least 6 physical therapy sessions, 6 authorized occupational therapy session, home exercise program and periodic follow up visits. The treating physician reported that the injured worker continues to do well after

surgery and would benefit from additional therapy given residual tenderness over the surgical sites and weakness. The treating physician prescribed services for additional occupational therapy 2 times a week for 3 weeks for the bilateral wrist. The utilization review dated 09-18-2015, non-certified the request for additional occupational therapy 2 times a week for 3 weeks, bilateral wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 3 weeks, bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times three weeks to the bilateral wrists is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral carpal Connell syndrome with the right DeQuervain's tenosynovitis; bilateral medial epicondylitis with cubital tunnel syndrome; bilateral shoulder tendinopathy with impingement; cervical strain; status post left carpal and cubital decompression with the release of first dorsal compartment. Date of injury is April 4, 2003. Request for authorization is September 4, 2015. According to a September 4, 2015 progress note, the injured worker is doing well. There is a modest degree of weakness. Objectively, there is minimal tenderness over the carpal and cubital tunnel and surgical site of the first dorsal compartment. According to an August 21, 2015 progress note, the injured worker was authorized physical therapy two times per week times three weeks for six sessions. There was an incomplete set of physical therapy progress notes. There was no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. There is no physical examination of the right wrist in the body of the medical record progress note. There is no clinical indication or rationale for occupational therapy to the right wrist. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination of the right wrist, no documentation demonstrating objective functional improvement (left wrist), and incomplete set of physical therapy progress notes and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, occupational therapy two times per week times three weeks to the bilateral wrists is not medically necessary.