

Case Number:	CM15-0195116		
Date Assigned:	10/08/2015	Date of Injury:	02/04/1998
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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 61 year old female who sustained an industrial injury on 02-04-1998. Medical records indicated the worker was treated for bilateral upper extremity-hand complaints. In the provider notes of 09-08-2015, there is note of diffuse tenderness at the extensor muscles and bilateral hand pain with stiffness. Prior treatments include occupational therapy, physical therapy, activity modification, topical medication, and bilateral wrist splints. The injured worker is status post bilateral carpal tunnel release (date not given). The worker complained of left sided neck pain with left upper extremity worse than right and had a cardiac workup. The worker would like to re-start treatment for her hands in OT. The last documented pain level was 05-22-2015 when she rated her pain at a 7 on a scale of 0-10. A request for authorization was submitted for Additional OT (Occupational Therapy) twice a week for six weeks for the bilateral wrist. A utilization review decision 09-25-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional OT (Occupational Therapy) twice a week for six weeks for the bilateral wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009,
Section(s): Carpal Tunnel Syndrome.

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

Decision rationale: The patient presents with bilateral hand pain. The request is for additional OT (occupational therapy) twice a week for six weeks for the bilateral wrist. The request for authorization is not provided. The patient is status post carpal tunnel release x2, and left ulnar transposition. Physical examination reveals tenderness at extensor muscles diffusely. Palpation is remarkable for generalized, diffuse soft tissue achiness and soreness throughout the hand/MCPs. There is limited range of motion in all the digits of the hand, due to stiffness. Positive Tinel's sign at wrist. Post-operatively, she attended physical therapy and did not improve. She indicates that it has been at least 10 years since her hands have been evaluated. Per progress report dated 09/08/15, the patient is MMI/P&S. MTUS, Physical Medicine Section, pages 98, 99 states: "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." Treater does not discuss the request. Given the patient's condition, a short course of Occupational Therapy would be indicated. Review of provided medical records show no evidence of prior Occupational Therapy sessions. However, the request for 12 sessions of Occupational Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.