

Case Number:	CM15-0198912		
Date Assigned:	10/15/2015	Date of Injury:	01/20/2015
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63 year old female, who sustained an industrial injury on 1-20-2015. Diagnoses include bilateral carpal tunnel syndrome, osteoarthritis of hand, and ganglion cyst of joint, status post right carpal tunnel release on 4-29-15, and status post left carpal tunnel release and left middle finger trigger finger release on 6-12-15. Treatments to date include activity modification, medication therapy, steroid injection to trigger fingers, and 8 occupational therapy sessions for the right wrist. On 8-19-15, she complained of ongoing bilateral wrist and hand pain. The records documented left wrist pain 4-6 out of 10 VAS, "even after 6-8 sessions" and right wrist pain 0-4 out of 10 VAS "even after 12 sessions." The records indicated some improvement with occupational therapy. The physical examination documented incisions to the right and left palm were healed, with tenderness over the left side. Contractures were noted in bilateral palms, worst on right side. There was tenderness and decreased grip strength bilaterally. Radial volar wrist with small cysts noted bilaterally. There was numbness noted at fingertips and discoloration of left long ring finger. The plan of care included additional post-operative occupational therapy. The appeal requested authorization for eight (8) occupational hand therapy sessions, twice a week for four weeks. The Utilization Review dated 9-9-15, denied this request

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy eight (8 sessions) (2x4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Occupational hand therapy eight (8 sessions) (2x4) is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommend a transition from supervised therapy to an independent home exercise program. The documentation indicates that the patient has had 8 OT sessions for the left hand and 12 OT sessions for the right hand. The MTUS supports up to 8 therapy visits for carpal tunnel postsurgical treatment (open): 3-8 visits over 3-5 weeks with the post surgical period of 3 months. For trigger finger the postsurgical treatment is 9 therapy visits over 8 weeks with a 4 month post surgical therapy treatment period. The documentation does not reveal extenuating factors that would necessitate 8 more supervised therapy sessions therefore the request for additional hand therapy is not medically necessary.