

Case Number:	CM15-0205024		
Date Assigned:	10/21/2015	Date of Injury:	08/21/2013
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 59 year old female with a date of injury of August 21, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for severe right index and middle finger distal interphalangeal arthritis, right middle finger proximal interphalangeal arthritis, and stage 3 bilateral thumb carpometacarpal arthritis. Medical records dated August 13, 2015 indicate that the injured worker complained of some soreness at the incision site with continued numbness and tingling in the bilateral hands. Records also indicate that the injured worker had improvement with numbness in her hands following right carpal tunnel release (August 5, 2015). A progress note dated September 22, 2015 indicated that the injured worker complained of pain in the right index finger and middle finger, and difficulty opening jars and doors. Per the treating physician (September 22, 2015), the employee was not working but had restrictions that included no pushing, pulling, or lifting over 25 pounds, and no forceful or repetitive pushing, pulling, or grasping with the right hand. The physical exam dated August 13, 2015 reveals no swelling or evidence of infection on the right hand, and positive carpal tunnel provocative tests on the left. The progress note dated September 22, 2015 documented a physical examination that showed decreased grip strength bilaterally left greater than right, some swelling and tenderness in the pillar area of the right wrist, and significant arthritis of the right index finger and middle finger distal interphalangeal joint with angular deformity and joint line tenderness. Treatment has included right carpal tunnel release, at least eight sessions of postoperative physical therapy, and home exercise. The utilization review (October 2, 2015)

non-certified a request for continued occupational therapy 2 times a week for 4 weeks to the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: continued occupational therapy 2 times a week for 4 weeks to the right hand/wrist: Upheld

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

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

Decision rationale: The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient had at least 8 post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. There is plan for surgical intervention of the DIP middle digit from significant OA on a separate matter with apparent surgery authorized. The Associated surgical service: continued occupational therapy 2 times a week for 4 weeks to the right hand/wrist is not medically necessary and appropriate.