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| Case Number: | CM15-0206189 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 06/05/2009 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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: California, Hawaii
 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 58 year old male who sustained an industrial injury on June 5, 2009. Medical records indicated that the injured worker was treated for carpal tunnel syndrome. His medical diagnoses include right carpal tunnel syndrome status post right carpal tunnel release and small trigger finger release, recurrent right de Quervain's tenosynovitis, recurrent right trigger finger and left moderate carpal tunnel syndrome. In the provider notes dated July 27, 2015 to August 31, 2015, the injured worker complained of right hand pain and difficulty moving his fingers. He has worsening pain in his right wrist and persistent triggering of his long finger. The documentation states, "since his surgical procedure to the small finger, his symptoms have once again reoccurred. They are slowly worsening but not as severe as prior. He denies any numbness or tingling. There is locking especially in the morning and an aching discomfort." He rates his pain 5 to 6 on a pain scale of 0 to 10. On exam, the documentation stated that wrist range of motion was normal. A Finkelstein's test was quite pain on the right with small trigger finger incision tenderness to palpation. The A1 pulley of the long finger is tender with pain with hyperextension. The treatment plan is for further injection, which was declined by the injured worker and further occupational therapy including strengthening. He will return to modified work on August 24, 2015. A Request for Authorization was submitted for additional occupational therapy 2 x 4 right wrist. The Utilization Review dated September 21, 2015 denied the request for additional occupational therapy 2 x 4 right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional OT 2x4 Right Wrist: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right wrist. The current request is for Additional OT 2x4 Right Wrist. The treating physician report dated 8/31/15 (44B) states, "rather, he would prefer treatment with a course of therapy. This has already been scheduled for his postsurgical right hand and such treatment may include management of his trigger finger and de Quervain's tenosynovitis." MTUS supports physical medicine (physical therapy and occupational therapy) 3-8 sessions for carpal tunnel syndrome. The MTUS-PST guidelines only provide a total of 3-8 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received at least 8 sessions of postoperative physical therapy for the right wrist previously. The patient is status post right carpal tunnel release on 7/16/15. In this case, the patient has received at least 8 sessions of postoperative physical therapy to date and therefore the current request of an additional 8 visits exceeds the recommendation of 3-8 visits as outlined by the MTUS-PST guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS-PST guidelines. The current request is not medically necessary.