

Case Number:	CM15-0209349		
Date Assigned:	10/28/2015	Date of Injury:	09/26/2014
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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 58 year old male, who sustained an industrial injury on 9-26-2014. Diagnoses include carpal tunnel syndrome and lipoma of left thenar eminence, status post left release on 3-19-15. Treatments to date include a wrist brace, anti-inflammatory medication, and cortisone injection to left wrist (noted to increased blood sugar), and 16 post-surgical occupational therapy sessions. The records included physical therapy treatment notes dated 3-26-15, 4-7-15, 4-14-15, 4-16-15, 4-21-15, 4-28-15, 4-30-15, 5-12-15, 5-15-15, 5-19-15, 5-21-15, 5-26-15, 7-16-15, 7-21-15, and 7-23-15. Treatments included gripping exercise, weights, and putty, and tools for massage. There was not a physical therapy evaluation submitted documenting functional improvement, documentation regarding treatment goals, barriers to learning a home exercise program, or the medical necessity for ongoing treatment. On 9-18-15, he complained of ongoing pain and weakness in the left wrist. The provider documented prior occupational therapy was helpful, details not documented. The physical examination documented tenderness to the scar of the left palm and moderately decreased grip strength. The plan of care included additional occupational therapy, twice weekly for six weeks. The appeal requested authorization for twelve occupational therapy sessions, four retroactively, eight prospectively, starting on 5-15-15. The Utilization Review dated 9-29-15 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 6 for the Left Wrist (4 Retrospective, 8 Prospective - Starting on 5/15/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, Forearm, wrist and hand and shoulder sections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times six weeks to the left wrist (#4 retrospective and #8 prospective) starting May 5, 2015 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 possible cervical radiculopathy; carpal tunnel syndrome left status post carpal tunnel release; and lipoma, left thenar eminence. Date of injury is September 26, 2014. Request for authorization is September 24, 2015. According to a progress note dated September 18, 2015, the injured worker presents for a follow-up of the left wrist. He received occupational therapy. The injured worker is doing a lot better. There are still weakness and pain in the area. The injured worker would like more occupational therapy. Objectively, there is tenderness to palpation over the scar left palm. Grip strength was decreased moderately. Neurovascularly, the injured worker is intact with no signs of infection. According to the utilization review, the injured worker received 16 postoperative physical therapy sessions. There is no documentation demonstrating objective functional improvement. The injured worker after 16 physical therapy/occupational therapy sessions should be well versed in the exercises performed during physical therapy/occupational therapy to engage in a home exercise program. There is no documentation demonstrating objective functional improvement with the 16 prior physical therapy/occupational therapy sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (3-8 visits over 3-5 weeks) is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated and no documentation demonstrating objective functional improvement after 16 physical therapy sessions, occupational therapy two times per week times six weeks to the left wrist (#4 retrospective and #8 prospective) starting May 5, 2015 is not medically necessary.