

Case Number:	CM15-0211308		
Date Assigned:	10/30/2015	Date of Injury:	01/24/2013
Decision Date:	12/11/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/27/2015

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 38 year old female, who sustained an industrial injury on 01-24-2013. A review of the medical records indicates that the worker is undergoing treatment for left shoulder impingement, lumbar spine strain with findings consistent with lumbar radiculopathy and left and right carpal tunnel release. Treatment has included pain medication, physical therapy for the left wrist and surgery. The injured worker underwent left carpal tunnel release using endoscopic AGEE technique with left distal forearm fascia release on 04-20-2015 and underwent right carpal tunnel release using endoscopic AGEE technique with right distal forearm fascia release on 09-21-2015. The number of prior therapy sessions is unclear but the utilization review documented that 4 prior therapy sessions for the left wrist had been received. There was no evidence of significant pain relief or objective functional improvement with prior therapy. Subjective complaints (06-22-2015) included 8 out of 10 left wrist pain and 5-6 out of 10 right wrist pain with occasional numbness and tingling. Objective findings showed clean, dry and intact left wrist wound, tenderness over the volar and dorsal aspects of the wrists with positive Phalen's and Durkan's median compression test and range of motion of 50 degrees to flexion and extension. Subjective complaints (08-05-2015) included 6 out of 10 left wrist pain and 8 out of 10 right wrist and hand pain with occasional numbness and tingling. Subjective complaints (09- 28-2015) included 5-6 out of 10 left wrist pain and 8 out of 10 right hand-wrist pain. Objective findings (09-28-2015) included healed scar of the left wrist, tenderness over the volar and dorsal aspects of the wrists with positive Phalen's and Durkan's median compression tests and range of motion of the wrist at 50 degrees to flexion and extension. The physician

noted that occupational therapy for the right wrist and left hand and wrist was being requested. A utilization review dated 10-06-2015 modified a request for occupational therapy from occupational therapy 3 times per week for 6 weeks of the right hand-wrist and left wrist to certification of occupational therapy 1 times per week for 4 weeks of the right hand-wrist and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 times a week times 6 weeks, right hand/wrist and left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy three times per week times six weeks to the right hand/wrist and left wrist 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 left shoulder impingement; lumbar spine strain with lumbar radiculopathy; left carpal tunnel release April 20, 2015 and right carpal release September 2, 2015. Date of injury is January 24, 2013. Request authorization is September 29, 2015. According to a September 28, 2015 progress note, subjective complaints include left wrist pain 6/10 with med and shoulder pain. The right wrist has a pain score of 8/10. Objectively, there is a healed left wrist scar. The right wrist and hand is tender over the volar and dorsum. Phalen's is positive. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions for the left wrist is not specified. The total number of physical therapy sessions for the right wrist is not specified. There is no documentation demonstrating objective functional improvement. Utilization review indicates the injured worker received #4 physical therapy sessions. The treating provider is requesting an additional 18 sessions of physical therapy (three times per week times six weeks). 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 clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy, no documentation specifying the total number of physical therapy sessions to date (both wrists), and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, occupational therapy three times per week times six weeks to the right hand/wrist and left wrist is not medically necessary.