

Case Number:	CM15-0218178		
Date Assigned:	11/10/2015	Date of Injury:	10/27/2011
Decision Date:	12/21/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/05/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on 10-27-11. Medical records indicate that the injured worker is undergoing treatment for right carpal tunnel syndrome, right lateral epicondylitis, right ulnar neuritis of the cubital tunnel, right de Quervain's disease and right ulnar neuropathy of Guyon's canal. The injured worker is currently on disability. On (10-1-15) the injured worker reported improving numbness in the right hand and fingers, pain in the palm of the right hand and thumb, weakness in the right hand, improving range of motion of the right fingers and a cold feeling of the right hand. The injured worker also noted slight swelling of the right wrist and palm area, shooting pain from the palm of the right hand to the shoulder and pain, numbness and a jerking sensation of the left ring and little fingers. Objective findings revealed the carpal tunnel release scar to be healing well and slight edema around the palmar region. Range of motion revealed near complete hyperextension of the fingers with some pain, almost complete flexion, moderate pain with forced flexion and continued improvement in the range of motion of the thumb. Treatment and evaluation to date has included medications, electromyography-nerve conduction study, post-operative occupational therapy (unspecified amount), Cortisone injection and right wrist surgery. Current medications include transdermal creams. The Request for Authorization dated 10-1-15 is for 8 continued post-operative occupational therapy (with splinting), 2 times a week for 4 weeks to the right wrist-hand, as an outpatient for status-post carpal tunnel release, wrist flexor tenosynovectomy and release first dorsal compartment performed on 7-8-15. The Utilization Review documentation dated 11-4-15 non-certified the request for 8 continued post-operative occupational therapy (with splinting), 2 times a week for 4 weeks to the right wrist-hand as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 post operative occupational therapy (with splinting), 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: Review indicates the patient is s/p status-post carpal tunnel release, wrist flexor tenosynovectomy and release first dorsal compartment performed on 7-8-15 with postoperative therapy. The provider's report noted pain with movement; otherwise with near complete flexion and extension range. The Post-surgical treatment guidelines for post carpal tunnel release performed over months ago may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. Additionally, postsurgical treatment course include recommendation for 14 total PT visits over 8 weeks in a rehab period for tenosynovectomy and release procedure with an initial half number of visit trial with further consideration pending documentation of functional improvement. The patient has completed an unspecified quantity of post-op therapy sessions without fading of treatment to an independent self-directed home program. There is no documented post-operative complications, extenuating circumstances or what further objective measurable improvements and therapy goals are needed from the additional physical therapy requests. Submitted reports have no identified clinical or ADL limitations to support for additional postoperative therapy as the patient has progressed with adequate range and strength to transition treatment in a home exercise program. Reports have not adequately documented support for the above request beyond the guidelines criteria and recommendations. The 8 post operative occupational therapy (with splinting), 2 times a week for 4 weeks is not medically necessary and appropriate.