MAXIMUS Federal Services

Case Number:	CM15-0219653		
Date Assigned:	11/12/2015	Date of Injury:	09/12/2012
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/09/2015

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 49-year-old female, who sustained an industrial injury on 09-12-2012. A review of the medical records indicates that the worker is undergoing treatment for status post right median nerve decompression in the forearm, left carpal tunnel syndrome, status post tendon transfer, status post right carpal tunnel release, status post right thumb tenosynovectomy and right shoulder-hand syndrome. The injured worker underwent decompression of the right median nerve in the proximal forearm with neurolysis and functional lengthening of pronator teres on 05-13-2015. Treatment has included pain medication, nerve block of the right shoulder, and at least 21 sessions of occupational therapy. A primary treating physician's progress note dated 06- 22-2015 the worker was noted to be doing well six weeks postop with well healed wound, improved range of motion and strength, tenderness at the base of the right palm and minimal tenderness of the forearm. Documentation does show improved range of motion and strength of the right arm but the worker reported continued pain. In occupational therapy visit note #21 dated 10-01-2015, the therapist noted that the worker was 20 weeks post-op and had been seen for 9 out of 12 visits. The therapist indicated that almost all goals had been met, that wrist range of motion was within normal limits and hand strength had increased and that there was normal sensation in all digits but the ring finger. The therapist noted that the worker would benefit from continuing therapy. In a primary treating physician's progress note dated 10-05-2015, the worker reported continued pain throughout the right arm. Cortisone injection at last visits was noted to provide slight improvement. Objective findings showed positive impingement sign, tenderness over the acromioclavicular joint and greater tuberosity, tenderness of the right hand and numbness in the right small finger. Ultrasound evaluation of the right

shoulder was performed and did not show any evidence of a full thickness rotator cuff tear but did show significant inflammation. The worker was given a nerve block and medication was dispensed. A utilization review dated 10-22-2015 non-certified a request for occupational therapy to the right forearm 2 times per week for 6 weeks (12 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy to the right forearm 2 times per week for 6 weeks (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The records indicate the patient has pain throughout her right arm. The current request is for occupational therapy to the right forearm 2 x week for 6 weeks (12 visits). The working diagnosis is status post median nerve decompression right forearm. 12 additional occupational therapy sessions are recommended. The CA MTUS postsurgical guidelines have been referenced and allow for up to 20 visits of occupational therapy following median nerve decompression. In this case, the records indicate that the patient has completed 24 occupational therapy sessions with only slight improvement. There is nothing in the available medical records, which provides a reasonable rationale for continued occupational therapy beyond what the guidelines have recommended. Furthermore, at this time the patient should be well versed in an independent exercise program for home use. The available records do not establish medical necessity for the request of additional occupational therapy.