

Case Number:	CM15-0030102		
Date Assigned:	02/23/2015	Date of Injury:	10/18/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on October 18, 2013. The diagnoses have included carpal tunnel syndrome, right lunate bony injury, mild TFCC abnormality, and left upper extremity repetitive strain injury. Treatment to date has included right carpal tunnel release on September 15, 2014, splinting, cortisone injections, acupuncture, hand therapy, and medications. Currently, the injured worker complains of localized pain in the left wrist and well as tingling and numbness in the left hand. The Treating Physician's report dated January 5, 2015, noted palpatory tenderness along the ulnar aspect of the wrist, tender, with increased pain with wrist flexion and ulnar deviation. The patient has had full grip strength and excellent right wrist range of motion (ROM). MRI of the left wrist performed on January 3, 2015, was noted to show cystic change and edema suggestive of bone marrow or trabecular injury. Avascular necrosis could not be excluded, with degenerative change of the first CMC joint. The medication list includes Ibuprofen, Trazodone, Ambien and Norco. Per the doctor's note dated 1/15/15 patient had complaints of residual tightness and weakness in right wrist and no numbness and tingling. Physical examination of the right wrist revealed well healed incision, negative Tinel sign, full fist and ROM and 5/5 strength. Patient has received an unspecified number of PT visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 12 visits for right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Request: Occupational therapy x 12 visits for right hand. CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 3-8 visits over 3-5 weeks and postsurgical physical medicine treatment period is 3 months. Patient has received an unspecified number of OT visits for this injury. The requested additional visits in addition to the previously certified OT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous occupational visits that is documented in the records provided. Physical examination of the right wrist revealed well healed incision, negative Tinel sign, full fist and ROM and 5/5 strength. Any significant functional deficits of the right wrist, that would require additional OT visits, were not specified in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The patient's surgical history includes right carpal tunnel release on September 15, 2014. The patient is also past the post surgical physical medicine treatment period. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The medical necessity of the request for Occupational therapy x 12 visits for right hand is not fully established in this patient.