

Case Number:	CM15-0050519		
Date Assigned:	03/24/2015	Date of Injury:	01/29/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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 33 year old female, who sustained an industrial injury on January 29, 2014. The injured worker was diagnosed as having carpal tunnel syndrome and cubital tunnel syndrome. Treatment and diagnostic studies to date have included occupational therapy and injection. A re-evaluation note dated February 4, 2015 provides the injured worker complains of return of tingling/burning sensation of upper extremities. The impression is the injured worker will most likely require surgery. The plan is for hand therapy while awaiting reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 12 sessions 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in both hands and right elbow. The request is for HAND THERAPY 12 SESSIONS 3 TIMES A WEEK FOR 4 WEEKS. The request for

authorization is dated 02/04/15. EMG/NCV of the upper extremities, 04/01/14, shows mild right ulnar neuropathy across the elbow. The patient is positive Tinel's sign, Phalen's test and elbow flexion test. The patient reports significant improvement of discomfort following injection into the right carpal tunnel confirming that she has carpal tunnel syndrome as well as confirmed cubital tunnel syndrome. The patient is temporarily partially disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated, 02/04/15, treater's reason for the request is "to provide her with a short course of occupational therapy helping to improve the symptoms. She is already having recurrence of the paresthetic sensation and most likely will require cubital tunnel syndrome." Review of provided medical records, it appears the patient has not had any hand therapy treatments in the past. In this case, given patient's diagnosis and continued pain, a short course of hand therapy would be indicated. However, the request for 12 sessions would exceed what is allowed by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.