

Case Number:	CM15-0057143		
Date Assigned:	04/02/2015	Date of Injury:	05/23/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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:

This 37 year old woman sustained an industrial injury on 5/23/2011. The mechanism of injury is not detailed. Diagnoses include status post right carpal tunnel release and De Quervain's release, new onset right forearm pain rule out early lateral epicondylitis, status post left carpal tunnel release, and status post left De Quervain's tenosynovectomy. Treatment has included oral medications and surgical intervention. Physician notes dated 2/23/2015 show complaints of left scar sensitivity and bilateral forearm pain and stiffness. Recommendations include therapy for the bilateral wrists, scar management at home, and grasping and lifting restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x a week for 4 weeks for the bilateral wrist and elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy, Occupational Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times four weeks the bilateral wrist and elbows 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 underwent left carpal tunnel release and tenosynovectomy of the first left dorsal compartment on January 7, 2015. Other diagnoses included status post right carpal tunnel release and DeQuervain's release; new onset right forearm pain; status post left carpal tunnel release; and status post left DeQuervain's tenosynovectomy. The medical record contains 36 pages. The documentation contains one pre-surgical progress note and two post surgical progress notes. The two postsurgical progress notes are dated January 19, 2015 (first postop visit) and February 23, 2015 (six weeks postop visit). Neither progress note contains documentation regarding physical therapy or objective functional improvement with physical therapy. Objectively, movement was mildly limited with wrist flexion and extension on the left. There was a physical examination of the right wrist that did not show particular tenderness to palpation. Right wrist had full range of motion. There is no documentation in the medical record of the elbows. The utilization review physician initiated a peer-to-peer call with the treating physician. The treating physician was uncertain of the total number of physical therapy sessions rendered. The treating physician stated he did not have enough information from the physical therapy rendered to determine functional improvement. The case manager stated 8 occupational therapy visits were authorized and there was no objective functional improvement documented. Consequently, absent compelling clinical documentation with objective functional improvement (from the initial physical therapy rendered) and no documentation of elbow abnormalities, occupational therapy two times per week times four weeks the bilateral wrist and elbows is not medically necessary.