

Case Number:	CM15-0080321		
Date Assigned:	05/01/2015	Date of Injury:	03/30/2012
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female sustained an industrial injury to the shoulders and left arm on 3/30/12. Previous treatment included magnetic resonance imaging, electromyography, right carpal tunnel release, injections, occupational therapy, bracing and medications. The injured worker underwent right carpal tunnel re-exploration on 3/4/15. In the operative report, the physician noted that the injured worker had developed severe contracture of the fingers after right carpal tunnel release, causing inability to extend all the fingers and recurrence of pressure being applied to the median nerve in the wrist and hand. On 3/25/14, the injured worker underwent another right carpal tunnel release. In an orthopedic hand/plastic and reconstructive specialist PR-2 dated 4/2/15, the injured worker complained of numbness to the right fingers associated with difficulty bending the right long and ring fingers, pain to the right wrist, elbow, shoulder and neck with weakness of the right upper arm, elbow and forearm and darkening of the skin of the fingers of the right hand. Physical exam was remarkable for right hand/wrist with a well-healing surgical wound, moderate to severe induration to the right palmar region, improving passive flexion of the four fingers, limited active flexion of the four fingers and incomplete extension at the metacarpal phalangeal joint on active or passive range of motion. The physician noted definite improvement in range of motion of the right second, fourth and fifth fingers. The physician noted that postoperative occupational therapy/hand therapy had been helping slightly. The number of postoperative occupational therapy sessions was not clear. The physician noted that it was very early after surgery and occupational therapy must not stop. Current diagnoses included bilateral carpal tunnel syndrome status post release, right finger tenosynovitis and right

shoulder pain. The treatment plan included continuing occupational therapy three times a week for four weeks, daily wound care, elevating the upper extremity above the heart, removing sutures during occupational therapy and medications (Protonix, Cyclobenzaprine and topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional occupational therapy for the left wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent a right wrist exploration and release of contractures on 03/04/15 and right carpal tunnel release for recurrent carpal tunnel syndrome on 03/25/14. When seen, there had been slight improvement with occupational therapy being provided 3 times per week. Range of motion of the second, fourth, and fifth fingers had improved. Additional occupational therapy was requested. Post-operative therapy for the claimant's surgeries would include up to 14 treatments over 3 months after the contracture release and up to 8 visits over 5 weeks after the carpal tunnel release. Concurrent treatment would be expected. In this case, the number of additional treatments being requested is in excess of the guideline recommendation. Additionally, providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments, which may have occurred when initially treated for this condition in 2013 leading to the contractures. The request is therefore not medically necessary.