

Case Number:	CM15-0232530		
Date Assigned:	12/08/2015	Date of Injury:	04/05/2013
Decision Date:	01/11/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/25/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 46 year old female who sustained an industrial injury on 04-05-2013. According to a follow up report dated 10-22-2015, the injured worker had decreased numbness and tingling in the right hand. She had increased symptoms over the last week after electrical glove-type therapy was placed in her hand therapy session. She had increased numbness and tingling since that time in her thumb, middle and ring fingers. The injured worker was 4 ½ months status post right open carpal tunnel release revision. She had no wrist discomfort. There was mild swelling and tenderness, right proximal palm. There was no dorsal wrist tenderness. Full range of motion in all digits, right hand and wrist was noted. Sensory and motor exam was intact. Tinel's was negative at the median ulnar nerves, right wrist and ulnar nerve right elbow. Impression included status post-surgery above with some recent exacerbation with therapy. The injured worker was temporarily totally disabled. The treatment plan included continue therapy three times a week for four weeks. Medications dispensed included Voltaren, Protonix and Ultram. Follow up was indicated in four weeks. Documentation shows that the injured worker had attended up to 25 sessions of occupational therapy from 06-15-2015 and 08-14-2015. On 11-03-2015, Utilization Review non-certified the request for continue occupational therapy for right wrist 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Occupational Therapy For Right Wrist 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: This claimant was injured in 2013. There is decreased numbness and tingling in the right hand. She is post open carpal tunnel release revision. There was no wrist discomfort, mild swelling and tenderness. There is full range of motion in all digits. Sensory and motor was intact. There have been at least 25 sessions of therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.