

Case Number:	CM14-0115845		
Date Assigned:	09/23/2014	Date of Injury:	04/23/2011
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female who sustained an injury on 04/23/11. As per the report of 04/08/14, she had continued pain in both hands. An exam revealed a positive Tinel's sign and Phalen's test on the right. She had a mass in the right 1st web space which was slightly tender to palpation. On 06/10/14, she was status post right carpal tunnel surgery and overall she was doing well. On exam, there was moderate swelling. Electrodiagnostic studies on 04/29/13 revealed left carpal tunnel syndrome. A magnetic resonance imaging scan of the right elbow on 04/10/13 showed minimal abnormal signal within the common extensor tendon and moderate overlying subcutaneous edema with lateral epicondylitis and a small elbow joint effusion. She underwent carpal tunnel release surgery on the left wrist on 08/28/13 and right carpal tunnel surgery on 05/30/14. She had a prior history of fracture of the right wrist, and had surgery for placement of an external fixator in the right wrist in 2009. According to the report of 04/08/14, current medications included Voltaren, Prilosec, Menthoderm Gel, and Tramadol extended release. Past treatments mainly included medications and physical therapy. She received 12 postoperative physical therapy sessions after her carpal tunnel release on 08/28/13. She also had a cortisone injection to the left wrist in December 2013. Her diagnoses included status post right carpal tunnel release, status post left carpal tunnel release, bilateral epicondylitis, and bilateral rotator cuff tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Occupational Therapy Visits for the Right Hand: 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, Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy and Forearm, Wrist, & Hand Chapter, Physical/ Occupational Therapy.

Decision rationale: As per the California Medical Treatment Utilization guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines allow 3-8 physical therapy visits over 5-8 weeks for post-surgical treatment of carpal tunnel syndrome. As per the California Medical Treatment Utilization guidelines: Physical Medicine: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the request was previously certified for 8 physical therapy/ occupational therapy visits for post-surgical treatment of carpal tunnel syndrome. However, no progress notes (showing any improvement in the objective measurements) are available for review. Additional requests for physiotherapy would exceed the guidelines recommendation. Therefore, the request for twelve (12) Occupational Therapy Visits for the Right Hand is not medically necessary and appropriate in accordance with the guidelines.