

Case Number:	CM14-0124908		
Date Assigned:	08/11/2014	Date of Injury:	09/17/2012
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of September 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; reported carpal tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 29, 2014, the claims administrator denied a request for four sessions of occupational therapy. The claims administrator did not state how much prior occupational/physical therapy the applicant had had following a carpal tunnel surgery some four weeks prior. The claims administrator also denied a TENS unit purchase. The applicant's attorney subsequently appealed, but only included a qualified medical evaluation report. The applicant's attorney did not attach or incorporate any clinical progress notes into the Independent Medical Review packet. In a January 29, 2014 medical-legal evaluation, the applicant was apparently described as having multifocal hand and wrist pain with derivative complaints of depression and anxiety. The applicant was a smoker, it was stated. The applicant also had issues with asthma. The applicant's son had predeceased her, it was stated. The applicant was described as off of work, on total temporary disability, owing to ongoing issues with cervical radiculopathy. The applicant was described as a former chef and apparently had a degree in the culinary arts, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x2 for the hand / long finger at [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The admittedly limited information on file, specifically the Utilization Review Report, suggested that the applicant was approximately four weeks removed from the date of surgery as of the date of the request for four additional sessions of occupational therapy. The four-session course of treatment does conform to the three- to eight-session course of physical therapy endorsed in MTUS 9792.24.3 following carpal tunnel release surgery, as apparently transpired here, and likewise conforms to the 9-session course recommended following trigger finger release surgery, as apparently transpired here. MTUS 9792.24.3.c.2 further qualifies this position on Postsurgical Physical Medicine Treatment by noting that the need for postsurgical physical medicine treatment is limited to comorbid conditions, number and complexity of surgical procedures undertaken, and/or an applicant's essential work functions. In this case, the information on file suggests that the applicant has had multiple procedures involving the hand and digits, including two trigger finger release surgeries and a carpal tunnel release surgery. While it has not been clearly established how much prior postoperative occupational therapy the applicant had over the preceding month, the request for four additional sessions of treatment does seemingly conform to the injunction in MTUS 9792.24.3.c.4 to gradually reduce the frequency of treatments over time as an applicant gains independence in management of symptoms and with achievement of functional goals. It is further noted that the applicant is a former chef. While it is not clear that the applicant intends to return to the workplace, her former position is nevertheless a manually intensive one. Additional occupational therapy on the order of that proposed is indicated, for all of the stated reasons. Therefore, the request is medically necessary.

TENS Unit (transcutaneous electrical nerve stimulation) for Home: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postoperative Pain Page(s): 116.

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that TENS units are recommended as a treatment option for acute postoperative pain in the first 30 days following surgery, in this case, however, it appears that the request was initiated after the 30-day postoperative window for which TENS units would be indicated for rental purposes following surgery, as apparently transpired here. The attending provider's progress note in which the request for authorization was made was not incorporated into the Independent Medical Review packet. The information on file furnished by the applicant's attorney did not outline why a TENS unit purchase was needed here as opposed to the rental recommended on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines for postoperative use purposes. Therefore, the request is not medically necessary.

