

Case Number:	CM14-0143483		
Date Assigned:	09/10/2014	Date of Injury:	04/08/2008
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family 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:

This is a female patient who reported an industrial injury on 4/8/2008, 6 years ago, attributed to the performance of her usual and customary job tasks reported as repetitive stress injury due to keyboarding/mousing. The patient is been diagnosed with left sided carpal tunnel syndrome. The patient was noted to have had a left carpal tunnel injection with corticosteroid with a 80% noted improvement. The patient feels cramping. The objective findings on examination included positive Tinel's, positive Phalen's, and positive Durkan's; positive TFC tenderness. The diagnosis was left carpal tunnel syndrome and left ulnar injection. The patient was prescribed 2X4 sessions of Occupational Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Two Times A Week For Four Weeks (2 X 4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and hand complaints PT/OT;

Decision rationale: The patient has been documented have received prior sessions of physical therapy/occupational therapy for the stated diagnoses of left wrist pain attributed to the cited diagnoses and exceeded the number recommended by evidence based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented by on physical examination that demonstrates the medical necessity of additional PT over the participation of the patient in home exercise program (HEP). The request for 2x4 additional sessions of PT/OT as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is not demonstrated to have any weakness or muscle atrophy to the left wrist. The patient is status post carpal tunnel injection with a corticosteroid with reported improvement. The patient was authorized three sessions of post injection OT consistent with the recommendations of the California MTUS. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. The California MTUS recommends 1-2 sessions of PT/OT status post injection to the carpal tunnel. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The medical necessity of additional sessions is not supported in the provided clinical documentation as opposed to participating in a home exercise program for conditioning and strengthening. The hand/upper extremity exercises learned in physical therapy should be integrated into a self-directed home exercise program. There is no medical necessity for an additional 2x4 sessions of Occupational Therapy 6 years after the date of injury.