MAXIMUS Federal Services

Case Number:	CM14-0028650		
Date Assigned:	06/16/2014	Date of Injury:	06/18/2010
Decision Date:	09/05/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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:

Injured worker is a female with date of injury 6/18/2010. Per primary treating physician's progress report dated 2/18/2014, the injured worker is status post right carpal tunnel endoscopic, right lateral epicondylitis debridement and repair performed on 11/13/2013. She states she is doing better and right hand numbness has improved. She has sharp pain in the right wrist and forearm with any use of the right wrist and at rest at times. She has less sensitivity in the scar. Since physical therapy, she has less pain with gripping and twisting, but it is still painful. She has been to six visits of hand therapy since surgery. At the time she was doing therapy she was not cleared to start strengthening and she is still very weak. She is unable to lift a gallon of milk at home. She is dropping things. She has less sensitivity in the scar. She continues to have left hand numbness and tingling. She wakes up three to four mornings per week with numbness. Pain is described as mild and controlled with medications and states she is tolerating the medication fine. She is wearing the wrist brace at night for the left wrist. On examination she is comfortable in no distress. The surgical incision site is healed nicely, no erythema or discharge noted. Elbow has full range of motion. Wrist range of motion is mildly restricted. Finger motion, TAM to palm. Light stroke sensory testing is decreased in thumb, index and long, but improved. Right two pint discrimination is 3-4 mm. Diagnosis is status post right carpal tunnel endoscopic, right lateral epicondylitis debridement and repair 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy x12 to the right wrist/hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The requesting physician reports that the injured worker has completed only six visits of hand therapy since surgery. An additional 12 visits were requested for strengthening. The first six visits were solely for swelling, range of motion and pain. Strengthening cannot be done at home because she does not have the equipment such as weights and resistance bands. The requesting physician reports peer to peer discussion on 2/20/2014, at which the UR agreed to approve 8 of the 12 requested additional visits for strengthening.The MTUS Guidelines recommend postsurgical treatment for elbow diagnostic arthroscopy and arthroscopic debridement to be 20 visits over two months. The postsurgical physical medicine treatment period is four months.The 12 additional therapy sessions is within the MTUS Guidelines recommendations for right lateral epicondylitis debridement and repair that was performed on 11/13/2013. The claims administrator references this guideline, but used the carpal tunnel syndrome recommendations of 3-8 visits over 3-5 weeks. Although the therapy is specifically requested for the wrist and hands, the surgical procedures performed involve the right wrist and the right elbow, which affect the strength and function of the wrist and hand. Even though the elbow is a more proximal body part, function of the hand and wrist include involvement of the elbow.The request for additional occupational therapy x12 to the right wrist/hand is determined to be medically necessary.