

Case Number:	CM14-0082616		
Date Assigned:	07/21/2014	Date of Injury:	03/30/2011
Decision Date:	10/02/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

According to the providing documents, this is a 48 year-old woman injured 3/30/11 to the right upper extremity and neck with a cumulative trauma mechanism. There is in a request from the orthopedic hand specialist for occupational therapy 8 sessions and request for authorization dated 5/21/14 for diagnosis of "pain-CTS"(carpal tunnel syndrome). The accompanying 5/20/14 report indicates patient is off of work. There is persistent pain mostly in the distal dorsal forearm and intermittently in the hand. There is mild right hand tingling and numbness mostly in the right index finger. She wears a thumb Spica splints regularly. There is intermittent dysfunction in the right finger and chronic neck pain. Her upper extremity exam did not show swelling, erythema or atrophy. Tenderness over the right forearm in the area of the distal forearm and mild tenderness in the area of the mobile wad, full motion of all joints, intact motor, sensory and vascular function. No crepitation, negative Tinel's right dorsal form negative, negative nerve irritation right volar form. The diagnosis in the report was a chronic right distal forearm is pain most consistent with intersection syndrome, cannot rule out nerve compression including cervical radiculopathy as well as radial tunnel syndrome, cannot rule out carpal tunnel syndrome. The request is referral for occupational therapy for modalities and strengthening of the right upper extremity with a 6 week return. There was also a report from the same provider of 11/13/13 that in addition to the above subjective complaints discuss some cramping sensations in the ring and small fingers. The orthopedic examination was the same as the 5/20/14 report. The plan then was for a neurology consultation, as well continued treatment with a pain specialist. 3/18/14 orthopedic 2nd opinion with a different orthopedist mentioned previous electrodiagnostic studies of the neck and right upper extremity and notes a 7/10/13 study that found no evidence of cervical radiculopathy or other nerve compression but displayed clear-cut evidence of a moderate carpal tunnel syndrome. Carpal tunnel release release was recommended. Patient was felt to be

capable of modified duty. That report did not mention any previous physical or occupational therapy and listed the therapies tried were prior evaluation including x-rays, MRI scan, CT scan and medication. The neurology report of 12/16/13 also did not mention any previous treatment with physical or occupational therapy. There is mention in the medical records of previous injection into the carpal tunnel the right without any substantial benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy times 8 visits for CTS pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient has now chronic right upper extremity pain with predominantly forearm, wrist and hand complaints. One hand specialist felt patient had carpal tunnel syndrome and required surgery, the current requesting specialist diagnosis forearm pain and possible carpal tunnel syndrome and request occupational therapy. There is no mention that there has been any particular flareup or exacerbation of this patient's symptoms or decline in functional use of the right upper extremity in the past 6 months. There is no mention patient is actively receiving any type of physical medicine treatment but there is also no mention that the patient is doing any type of self directed active treatment such as an independent home rehabilitation program. She is off of work. Given the age of the injury, it would be surprising if there had not been previous physical or occupational therapy at least during the acute phase of treatment. MTUS chronic pain guidelines recommend active physical therapy that can require supervision from a therapist based on the philosophy that therapeutic exercise is beneficial. There is no indication whether or not this patient got any functional benefit from previous occupational or physical therapy but is also no indication that patient actually had any in the provided records. In view of the conflicting diagnoses and treatment recommendations from the 2 orthopedic specialists and in view of the obvious ongoing functional limitations in this patient's hand, at this point a trial of occupational therapy focusing on active modalities may well be of benefit to this patient and could help avoid surgical intervention. Therefore, based upon the available evidence and the guidelines, this request is considered to be medically necessary.