

Case Number:	CM15-0013121		
Date Assigned:	01/30/2015	Date of Injury:	09/05/2013
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male injured worker suffered an industrial injury on 9/5/2013 the diagnosis was right wrist carpal tunnel syndrome. The diagnostic studies were electromyography and magnetic resonance imaging of the cervical spine. The treatments were medications, braces injections; physical therapy. The treating provider reported tenderness to the cervical muscles, reduced range of motion with hyperesthesia. The Utilization Review Determination on 12/18/2014 non-certified 12 sessions of post-surgical occupational therapy to right wrist over 1 month, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 12 sessions of post-surgical occupational therapy session to right wrist, over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Based on the 07/31/14 progress report provided by treating physician, the patient presents with bilateral hand pain. The request is for PROSPECTIVE REQUEST FOR 12 SESSIONS OF POST-SURGICAL OCCUPATIONAL THERAPY SESSION TO RIGHT WRIST, OVER 30 DAYS. Patient's diagnosis on 07/31/14 included bilateral carpal tunnel syndrome and bilateral mild thumb carpometacarpal joint arthritis. Per physical therapy note dated 11/04/14, the patient completed 12 sessions for the cervical spine. Patient is working regular duty with no restrictions, per treater report dated 10/30/14. MTUS, page 16, recommends postsurgical treatment of 3-8 visits over 3-5 weeks. The postsurgical physical medicine treatment period is 3 months. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient has been diagnosed with right carpal tunnel syndrome; however "surgery date is currently pending neurology clearance," per treater report dated 07/31/14. There is no record of prior physical therapy to the wrist. MTUS allows 8 sessions of post-operative therapy in patients with carpal tunnel syndrome. However, surgery has not been authorized, and the request for 12 sessions, both post operative and not, would exceed what is allowed by guidelines. Therefore, the request IS NOT medically necessary.