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| Case Number: | CM15-0015819 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 01/21/2014 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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 injured worker is a 49 year old female, who sustained an industrial injury on 1/21/2014. The diagnoses have included chronic cervical spine sprain with myofascitis and right wrist carpal tunnel syndrome. Treatment to date has included right open carpal tunnel release on 11/10/2014 and occupational therapy. According to the Primary Treating Physician's Progress Report dated 12/22/2014, the injured worker had completed six sessions of postoperative occupational therapy. The injured worker noted better movement after therapy. The injured worker complained of constant right shoulder pain and intermittent left shoulder pain. She also complained of bilateral elbow pain and bilateral hand/wrist pain. She used bilateral wrist braces. Physical exam of the right wrist revealed tenderness to palpation over the volar aspect. There was mild tenderness of the right thenar eminence. She had decreased sensation with numbness and tingling to the right thumb, index and middle fingers. She was able to make a full fist. Work status was temporarily totally disabled. Authorization was requested for an additional 12 session of postoperative occupational therapy to the right wrist/hand. On 1/9/2015, Utilization Review (UR) non-certified a request for Postoperative Occupational Therapy Two Times A Week for Six Weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op occupational therapy 2 x 6 right wrist/hand: Upheld

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

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

Decision rationale: The patient presents with bilateral hand /wrist pain. The request is for POST OP OCCUPATIONAL THERAPY 2X6 RIGHT WRITST / HAND. The RFA provided is dated 12/31/14. The patient is status-post right carpal tunnel release on 11/10/14. Patient's diagnosis included right wrist carpal tunnel syndrome. The patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has 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." For Carpal Tunnel Syndrome, the MTUS post-surgical guides pg15 recommends for postsurgical treatment (endoscopic) 3-8 visits over 3-5 weeks. Per progress report dated 12/22/14, the patient has completed six sessions of postoperative occupational therapy. Treater does not discuss the rationale for additional therapy and why on-going therapy is needed, or reason the patient is unable to continue with the home exercise program. Furthermore, the request for 12 additional sessions of occupational therapy with the 6 treatments already authorized exceeds guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.