

Case Number:	CM15-0121323		
Date Assigned:	07/02/2015	Date of Injury:	08/31/2009
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old female, who sustained an industrial injury on 08/31/2009. She has reported injury to the bilateral arms and hands. The diagnoses have included bilateral carpal tunnel syndrome; status post bilateral carpal tunnel release; possible right ulnar nerve transposition; bilateral tenosynovitis of hand/wrist; status post bilateral trigger finger release; cervical strain; right rotator cuff strain; and right rotator cuff partial tear. Treatments have included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Nabumetone, Lidoderm Patch, LidoPro topical ointment, and Omeprazole. A progress report from the treating physician, dated 06/01/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right hand and wrist pain; left hand pain; these symptoms are present at all times and can keep her up at night; and she continues to work regular status. Objective findings included approximately 25% decreased motion in the cervical spine; right trapezius tenderness and pain with right lateral bending, radiating to the right shoulder; shoulders have full elevation bilaterally, but with impingement and pain with rotator cuff loading on the right side; marked tenderness over the ulnar nerve in its anteriorly transposed position at the right elbow; there is minimal left medial elbow tenderness; wrist exam reveals full motion, bilaterally; provocative tests for carpal tunnel syndrome are minimally positive on the right side, with slight tingling in the middle finger, with carpal tunnel compression after 30 seconds; remarkable tenderness over the finger flexors and over the long extensors at the wrist, greater on the right than on the left; pain with stretch of the flexors and extensors, referable to the wrist and forearm and reproducing the symptoms; full motion of the hands, bilaterally;

tenderness over all the flexor pulleys in the palm, bilaterally; and films of both wrists reveal slight degenerative changes associated with the thumb carpometacarpal and scaphotrapezotrapezoidal joints, bilaterally. The treatment plan has included the request for hand therapy quantity 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2009 and continues to be treated for bilateral upper extremity pain. She underwent bilateral carpal tunnel, bilateral trigger finger, and right cubital tunnel surgeries from 2009 through 2011. She had postoperative therapy. When seen, then been no improvement. She was having bilateral wrist and hand pain. There was decreased cervical spine range of motion and trapezius muscle tenderness and pain. There was positive right shoulder impingement testing. There was right elbow tenderness over the ulnar nerve transposition surgical site. Carpal compression testing was positive. There was tenderness over the forearms, wrists, and fingers. She was diagnosed with chronic tendinitis. Authorization for therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to establish a home exercise program. The request is not medically necessary.