

Case Number:	CM15-0125006		
Date Assigned:	07/09/2015	Date of Injury:	08/20/2013
Decision Date:	08/05/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: Family Practice

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 64 year old female, who sustained an industrial injury on 08/20/2013. She has reported injury to the left and right hand/wrist. The diagnoses have included left wrist sprain/strain injury; left wrist tendinitis; left thumb stenosing tenosynovitis; status post left thumb tenosynovectomy, on 12/08/2014; right wrist tendinitis; right lateral epicondylitis; right carpal tunnel syndrome; and status post right carpal tunnel release, on 04/06/2015. Treatment to date has included medications, diagnostics, injections, physical therapy, surgical intervention, and home exercise program. Medications have included Ultram ER and Fexmid. A progress note from the treating physician, dated 05/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of triggering of her right thumb and she continues to have profound numbness and tingling; and reports the numbness and tingling is largely resolved after her carpal tunnel release. Objective findings included positive Phalen's test, Tinel's sign, and Durkan test of the left hand; frank triggering of the right thumb; and tenderness over the A-1 pulley. The treatment plan has included proceeding with left carpal tunnel release. Request is being made for occupational therapy, 2 times a week for 4 weeks, left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 2 times a week for 4 weeks, left hand: Upheld

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

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

Decision rationale: The MTUS/Post-Surgical Treatment Guidelines (Section 9792.24.3) comments on the recommendations for physical therapy for patients undergoing carpal tunnel syndrome/release surgery. These guidelines state the following: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. In this case, the records indicate that the request for carpal tunnel surgery was non-certified. Therefore, given that this patient is not at this time proceeding with a carpal tunnel release, it is not medically necessary to provide post-surgical occupational therapy to the left hand. Occupational therapy 2 times a week for 4 weeks to the left hand is not medically necessary.