

Case Number:	CM15-0161746		
Date Assigned:	08/27/2015	Date of Injury:	05/23/2002
Decision Date:	12/03/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 47 year old female who sustained an industrial injury on 5-23-2002. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome, cervical radiculopathy. On 7-21-15, she reported neck pain, bilateral shoulder pain, and numbness and tingling in hands and fingers bilaterally. Physical examination revealed diminished sensation in the thumb, index and middle fingers bilaterally, full range of motion of all digits bilaterally, and wrists and elbows, limited neck range of motion, tenderness in the bilateral trapezii, positive Tinel's bilaterally to wrists. The treatment plan included carpal tunnel release on the right. The treatment and diagnostic testing to date has included magnetic resonance imaging of the cervical spine (7-6-15), previous right carpal tunnel release (date unclear), electrodiagnostic studies (1-6-15), magnetic resonance imaging of the right shoulder (1-31-15). Medications have included Norco, naproxen, Nexium. Current work status is unclear. The request for authorization is for post-operative occupational therapy for the right hand, 12 sessions. The UR dated 8-5-2015: modified the request for post-operative occupational therapy for the right hand, 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op OT for right hand 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative occupational therapy to the right-hand 3 times per week times 4 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is bilateral carpal tunnel syndrome. Date of injury is May 22, 2002. Request for authorization is July 29, 2015. The medical record contains 18 pages. According to the most recent progress note is dated July 21, 2015, the injured worker had prior right carpal tunnel release surgery. The injured worker continues to complain of significant numbness and tingling in the bilateral hands. An EMG showed mild bilateral carpal tunnel syndrome. Objective findings include decreased sensation in the thumb, index and middle fingers. The treating provider is requesting an open carpal tunnel release procedure. There is no documentation of an approved surgery in the medical record. There is no documentation of prior physical therapy or physical therapy progress notes in the medical record. The Official Disability Guidelines recommend 3-8 sessions over 3-5 weeks. The treating provider is requesting 12 sessions, in excess of the recommended guidelines. The guidelines recommend a six visit clinical trial. With objective functional improvement, additional physical therapy may be clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no authorization for the carpal tunnel release open procedure and a request for an excessive number (12 sessions) of physical therapy sessions with guideline recommendations of 3-8 sessions, postoperative occupational therapy to the right-hand 3 times per week times 4 weeks is not medically necessary.