

Case Number:	CM15-0074424		
Date Assigned:	04/24/2015	Date of Injury:	12/20/2012
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 57 year old female, who sustained an industrial injury on 12/20/12. She reported bilateral hand, wrist and elbow pain. The injured worker was diagnosed as having status post right carpal tunnel release with persistent symptoms, status post left ulnar nerve decompression and transposition, left carpal tunnel syndrome and right cubital tunnel syndrome. Treatment to date has included left elbow surgery, left thumb surgery, right hand carpal tunnel release and right shoulder surgery, Tramadol and physical therapy. Currently, the injured worker complains of pain, weakness, mild swelling, stiffness, numbness and tingling in bilateral hand, wrist and elbow rated 9/10 without medication and 1/10 with Tramadol. Physical exam revealed tenderness to palpation of right hand/wrist and a healed carpal tunnel incision, diffuse tenderness to palpation of left elbow and left hand/wrist exam revealed tenderness to palpation on the volar aspect of the wrist with full range of motion. An (EMG) Electromyogram study was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Carpal Tunnel Syndrome Page(s): 98-99,16.

Decision rationale: The patient presents with pain in the bilateral hand/wrist and elbow. There is mild swelling, stiffness, numbness and tingling and weakness. The request is for occupational therapy 3 times a week for 4 weeks. There is no RFA provided and the patient's date of injury is 12/20/12. The diagnoses include status post right carpal tunnel release (07/10/14) with persistent symptoms, status post left ulnar nerve decompression and transposition, left carpal tunnel syndrome and right cubital tunnel syndrome. Per 02/23/15 report, physical examination to the right wrist and hand revealed a healed carpal tunnel incision which is tender to palpation. There is positive Tinel's signs and positive Phalen's test. The left hand and wrist revealed tenderness on the volar aspect of the wrist. There is also positive Tinel's signs, positive carpal compression and positive Phalen's test. Treatment to date has included left elbow surgery, left thumb surgery, right hand carpal tunnel release and right shoulder surgery, Tramadol, physical therapy and electrodiagnostic testing. The patient is currently working light duty. 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. MTUS post-surgical guidelines, pages 16, 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 Per 04/02/15 report, treater states, "Occupational therapy for scar massage, pain relieving modalities, stretching and strengthening and instructions for a home exercise program." Per provided medical reports, the patient has completed 12 post-operative physical therapy sessions for the right carpal tunnel release performed on 07/10/14. The patient is no longer post operative and MTUS recommends 8-10 visits in non operative cases. Therefore, the request for an additional 12 sessions would exceed what is allowed by MTUS. The request IS NOT medically necessary.