

Case Number:	CM15-0093263		
Date Assigned:	05/20/2015	Date of Injury:	10/11/2011
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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 54 year old female, who sustained an industrial injury on October 11, 2011, incurring bilateral wrist injuries from repetitive work jobs. She was diagnosed with bilateral radial tunnel syndrome. Electromyography studies confirmed bilateral carpal tunnel syndrome. Treatment included radial and carpal tunnel releases, anti-inflammatory drugs, occupational therapy, splinting, cortisone injections, and home exercise program and work restrictions. Currently, the injured worker complained of continued pain and tenderness of both wrists with limited range of motion. The treatment plan that was requested for authorization included continued occupational therapy for the bilateral radial tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued occupational therapy 2 times a week for 6 weeks for the bilateral radial tunnel:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, continued occupational therapy two times per week times six weeks to two the bilateral radial tunnel 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is radial nerve lesion. Documentation of April 26, 2015 progress note shows the injured worker received two sessions of physical therapy and steroids. After the initial two sessions of physical therapy, the injured worker had significant improvement. A progress note dated May 13, 2015 shows the injured worker completed 12 out of 12 physical therapy sessions to the bilateral upper extremities (radial tunnel syndrome). There is no documentation demonstrating objective functional improvements. The injured worker completed 12 physical therapy/occupational therapy sessions and should be well versed in exercises to engage in a home exercise program. Additionally, there are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy, engagement in a home exercise program and compelling clinical facts indicating additional therapy is warranted, continued occupational therapy two times per week times six weeks to two the bilateral radial tunnel is not medically necessary.