

Case Number:	CM15-0096414		
Date Assigned:	05/26/2015	Date of Injury:	07/12/2011
Decision Date:	10/20/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 30-year-old female, who sustained an industrial injury on 7-12-2011. Treatment to date has included right first dorsal compartment decompression revision (1-07-2015), right cubital tunnel decompression (4-07-2015), medications, home exercise, and hand therapy. Her diagnoses included cubital tunnel syndrome and De Quervain's disease-tenosynovitis. Per the occupational therapy re-evaluation report (3-02-2015), the injured worker complains of pain at rest (3 out of 10) and with use (6 out of 10). Pain focus was the base of the thumb and first dorsal component. 4 therapy visits were documented from 1-29-2015 to 3-02-2015. Objective findings included thumb active range of motion within functional limits and full opposition. Strength noted grip on right 17 pounds and left 65 pounds "first time tested", lateral pinch 4 pounds on right and 17 pounds on left, and 3 point pinch 3 pounds on right and 7 pounds on left. Edema was "mild" and reduced circumferentially. Numbness and tingling was noted in the ulnar digital nerve-thumb web. Tingling was also documented with grip-twisting motions and with massage. "Mild" hypersensitivity was noted at the scar and positive special testing was documented as radial Tinel's and "RSN". Her functional assessment noted that she was focusing effectively on desensitization and she "feels almost back to where she was prior to surgery" on 1-07-2015. She was able to do light laundry, open a juice cup for child, and able to shave legs. Picking up objects was limited to maneuver and she had not yet tried writing. The occupational therapy recommendations included 6-12 more visits, focusing on progression back to full function-child care-return to prior level of function. The PR2 (4-14-2015) noted that pain was managed with medication, 7 days post-operative right cubital tunnel decompression. Sensation

was "good" and motion in elbow was "intact". She was documented as experiencing "less" symptoms in her dorsal wrist. The medial elbow incision was clean and healing. The dorsal wrist scar was "mature". Per the request for authorization (4-27-2015), the treatment plan included additional occupational therapy for the right hand, 2x6, non-certified by Utilization Review on 4-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, Right Hand, 2 times wkly for 6 wks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: This is a request for 12 additional therapy sessions following April 7, 2015 cubital tunnel release surgery. The California MTUS guidelines allow up to 20 visits over 3 months during a six-month post-surgical physical medicine treatment period following such surgery. Records reviewed indicate the patient has completed 8 visits. After an initial course of therapy, additional therapy up to the maximum is appropriate if there is documentation of functional improvement as defined on page one of the Guidelines. There is no documentation of such functional improvement; records indicate the patient continues to take prescription medications and remains off work. Further, it has now been greater than 6 months since surgery and there is no reasonable expectation that additional therapy would bring about functional improvement. Therefore, the request is not medically necessary.