

Case Number:	CM15-0098627		
Date Assigned:	06/01/2015	Date of Injury:	09/07/2013
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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 42 year old male who sustained an industrial injury on 9/7/13. The mechanism of injury is unclear. Currently he complains of right hand and arm pain. He has a pain level of 5/10. On physical exam there is a well healed right wrist scar. He has difficulty with gripping and grasping per physical therapy note dated 3/4/15. He is progressing toward goals of independent home exercise program. His functional status is improved with physical therapy. Medications are naproxen, pantoprazole. Diagnoses include right carpal tunnel syndrome, status post right carpal tunnel release (1/8/15); left carpal tunnel syndrome, status post left carpal tunnel release (1/2/14). Treatments to date include physical therapy; medications. In the progress note dated 4/14/15 the treating provider's plan of care includes a request for occupational therapy (hand therapy) 3 X 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy (hand therapy), 3 x Wk x 4 Wks for the right hand, QTY: 12: Upheld

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

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, postoperative hand therapy three times per week times four weeks (12 sessions) to the right hand 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 status post right carpal tunnel release. The documentation, according to the utilization review indicates the injured worker received 8 physical therapy sessions. According to a March 27, 2015 progress note, subjectively the injured worker is doing well. Objectively, the scars have healed well and patient is improving with physical therapy both objectively and subjectively. The guidelines recommend 3-8 visits over 3-5 weeks. The worker should be well-versed in a home exercise program to continue the exercises in an ongoing fashion. There are no compelling clinical facts documented in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with evidence of objective functional improvement and compelling clinical facts to warrant additional physical therapy, postoperative hand therapy three times per week times four weeks (12 sessions) to the right hand is not medically necessary.