

Case Number:	CM14-0153402		
Date Assigned:	09/23/2014	Date of Injury:	07/11/2013
Decision Date:	11/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50 year-old employee with date of injury of 7/11/2013. Medical records indicate the patient is undergoing treatment for injury to extensor hood, left index DIP; residual swelling. Subjective complaints include pain in the left index finger and distal interphalangeal region. Complains of increased left wrist pain and denies numbness. The remainders of the subjective findings are illegible. Objective findings include swelling in left index finger; slight tenderness; tender A-1 pulley; passively, flexion MCP, PIP, DIP nearly full; poor range of motion. Sublimius and profundus tendons appear intact through pain and motion. The remainders of the objective findings are illegible. Treatment has consisted of Tramadol, Naproxen, and topical cream. The utilization review determination was rendered on 9/8/2014 recommending non-certification of occupational therapy for the left hand, 3/wk for 4 weeks.

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 times 4 weeks, for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand (updated 8/8/14)- Physical/ Occupational therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Chronic Pain Treatment Guidelines

Occupational Therapy and Physical Medicine Page(s): 74,98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Carpal Tunnel Syndrome

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery . . ." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. The requested number of sessions is in excess of the guidelines. As such, the request for occupational therapy sessions for the right wrist, 3 times per week for 4 weeks is not medically necessary.