

Case Number:	CM13-0001205		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2012
Decision Date:	03/05/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic Surgery, Hand Surgery, and is licensed to practice in Oregon. 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 physician 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 female underwent right carpal tunnel release and right ulnar nerve decompression at the wrist on 7/9/13. She has previously undergone left carpal tunnel release. Other diagnoses are: forearm tendonitis, shoulder impingement, lateral epicondylitis and radial tunnel syndrome. She has responded to the initial therapy sessions with some improvement in her pain. Her surgeon recommends 24 Occupational Therapy (OT) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 POST OP HAND THERAPY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation 1. Cook AC, et al. Early mobilization following carpal tunnel release. A prospective, randomized study. J Hand Surg Br 1995 Apr;20(2):228-30. 2. Groves EJ, Rider BA. A comparison of treatment approaches used after carpal tunnel release surgery. Am J Occu

Decision rationale: The MTUS guidelines allow for up to 8 therapy sessions following carpal tunnel release over a three-month period. The request is for post-op therapy for 24 sessions. The

request exceeds the MTUS guidelines and is not warranted based on the records. The medical literature does not provide any solid scientific evidence that occupational therapy following carpal tunnel release is beneficial. A study by Cook et al found that early motion and a home therapy program was an effective postoperative protocol for carpal tunnel patients. A study by Groves and Rider questions the value of postoperative therapy following carpal tunnel release. A study by Nathan et al describes value for early postoperative physical therapy, but this study did not compare home and office therapy regimens. Finally, a study by Pomerance and Fine reported no measurable benefit from supervised physical therapy following carpal tunnel release. Physical therapy may be beneficial for patients who demonstrate delayed recovery following surgery, but the medical literature provides no evidence that superior outcomes are achieved with routine physical or occupational therapy following carpal tunnel release. This patient has postoperative pain, but her progress is not significantly at variance with the norm following open carpal tunnel release. She has already had 8 OT sessions, which is the maximum recommended by the MTUS guidelines. Based on the medical literature, she should have a full recovery with a HEP.