

Case Number:	CM13-0002971		
Date Assigned:	06/06/2014	Date of Injury:	12/08/2010
Decision Date:	07/28/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/24/2013

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 Preventative 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 69 year old with a date of injury of 12/8/10. Medical records indicate that the patient is undergoing treatment for carpal tunnel syndrome, chronic left cubital tunnel syndrome, left radial tunnel syndrome, right thumb CRC arthrosis, status post left carpal tunnel release with ulnar nerve decompression at the wrist, status post right wrist arthroscopy with synovectomy and debridement of scapholunate ligament tear, status post left elbow dislocation, and status post left ankle fracture. Subjective complaints include pain in the left elbow and numbness in the left ring and small fingers. Objective findings include tenderness over the ulnar nerve at the left elbow, Tinel's sign, and left elbow flexion test are positive at the left cubital tunnel and equivocal at the right. Tinel's sign and Phalen's test are negative at the carpal tunnels bilaterally. Sensation is diminished in an ulnar nerve distribution in the left hand. Grip strength is diminished. Treatment has consisted of left cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POST-OP OCCUPATIONAL THERAPY TWO(2) TIMES PER WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation MD Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines for carpal tunnel syndrome cite limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over four weeks after surgery. The MTUS continues to specify a maximum of 3-8 visits over 3-5 weeks. The MD guidelines similarly reports 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. As such, the request is not medically necessary.