MAXIMUS Federal Services

Case Number:	CM13-0010912		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2012
Decision Date:	02/18/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/14/2013

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 Occupational Medicine and is licensed to practice in California. 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:

The claimant is a 45 year old female with date of injury 11/20/2012. The claimant is status post right carpal tunnel release on 3/29/2013, and status post left carpal tunnel release on 10/29/2013. She has previously been approved for 24 occupational therapy sessions post operatively release. The progress report dated 11/7/2013 states that claimant complains of mild numbness and tingling to left hand, but states improved after surgery. The exam findings include: splint intact, scar left volar proximal hand indurated, wound healing; no drainage or sign of infection. The claimant is able to make a light fist with left hand, has intact sensory and vascular examinations and moves digits well. The diagnoses include bilateral carpal tunnel syndrome, bilateral thumb carpometacarpal degenerative joint disease and bilateral cubital tunnel syndrome 4) bilateral upper extremity pain. The treatment plan includes occupational therapy 2x per week for 6 weeks, discontinue splint, sutures removed, ace wrap applied, home exercise plan and over the counter oral analgesic medication and/or over the counter oral NSAIDs as needed. The claimant is temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 8 additional occupational therapy sessions to the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per Title 8, California Code of Regulations, section 9792.20 physical therapy for carpal tunnel release is: recommended as indicated below. There is 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, up to the maximums shown below. The benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. The claimant has already exceeded the maximum recommended therapy for this surgery, and there is insufficient justification to support additional occupational therapy for the right wrist. The claimant should already be familiar with her exercises and is encouraged by her provider to continue with home therapy. The request for 8 sessions of occupational therapy for the right wrist is determined to not be medically necessary.