

Case Number:	CM13-0017570		
Date Assigned:	12/11/2013	Date of Injury:	06/04/2013
Decision Date:	02/12/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 patient is a 54-year-old female who reported an injury on 06/05/2013 due to cumulative trauma while performing normal job duties, causing numbness and tingling to the right wrist. The patient was treated with activity modification, splinting, anti-inflammatory drugs, and physical therapy. The patient's most recent physical exam findings revealed a pain score of 0/10 with no need for medications. Physical findings included a positive Tinel's sign and positive Phalen's test and Finkelstein's test with normal grip strength and light touch sensation intact. The patient's diagnoses included carpal tunnel syndrome. The patient's treatment plan included continuation of medication, physical therapy, and splinting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy to treat right carpal tunnel/wrist two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state, "active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." The patient's most recent clinical exam findings do not reflect any pain or range of motion deficits. There is no documentation in the patient's most recent clinical examination findings that support the need for occupational therapy. Additionally, the ACOEM Guidelines recommend a short course of 1 to 2 visits of physical therapy to educate the patient in a home exercise program for carpal tunnel syndrome. The requested 2 times a week for 4 weeks exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request for additional occupational therapy to treat right carpal tunnel/wrist 2 times per week for 4 weeks is not medically necessary and appropriate.