

Case Number:	CM13-0021307		
Date Assigned:	06/06/2014	Date of Injury:	05/20/2008
Decision Date:	07/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic surgery 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 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:

The injured employee is a 57-year-old female who states she sustained a work-related injury to her left hand and wrist while changing bed linens on May 20, 2008. The most recent complete medical record available for review is dated July 18, 2013. On this date, the injured employee was seen on a follow up appointment. The injured employee complained of intermittent neck pain and bilateral shoulder pain as well as bilateral hand and wrist pain with paresthesias on the left greater than the right side. There are also complaints of non-radicular low back pain. There is a history of a previous right shoulder surgery. The physical examination of the upper extremities reveals a positive Tinel's test bilaterally and a positive Phalen's test on the left but not the right. Patient weakness is evident bilaterally. There was a positive carpometacarpal (CMC) grind test bilaterally. There was also a positive Tinel's test at the left elbow and a positive elbow flexion test. The physical examination of the lumbar spine noted tenderness along the midline from L3 through S1. There was a positive straight leg test on the right side. Lower extremity muscle strength was 5/5. There was a diagnoses of a cervical thoracic strain/arthrosis, status post right shoulder arthroscopic surgery, left shoulder impingement syndrome with acromioclavicular joint arthrosis, bilateral medial epicondylitis with cubital tunnel syndrome, left carpal tunnel syndrome, status post left wrist arthroscopic debridement of a TFCC tear, and lumbosacral sprain. Treatment included a prescription for omeprazole and referral to a hand specialist. A previous utilization management review, dated August 27, 2013, did not meet medical necessity for occupational therapy for the left hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2XWK X 4WKS LEFT HAND/WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG:) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment, Updated February 20, 2014.

Decision rationale: According to the Official Disability Guidelines, there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify one pre-surgical visit for education and a home management program. There is no mention in the attached medical record that the injured employee is indeed scheduled for surgery for left-sided carpal tunnel syndrome. Without plans for carpal tunnel surgery, a presurgical visit for instruction on hand and wrist therapy is not medically necessary.