

Case Number:	CM13-0024008		
Date Assigned:	06/06/2014	Date of Injury:	11/20/2010
Decision Date:	07/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 63-year-old female who was injured leading up to 11/20/10. The worker was later diagnosed with trigger finger of the left thumb and long fingers (flexor tenosynovitis), left shoulder impingement, bilateral forearm tendonitis, bilateral radial tunnel syndrome, trapezial and paracervical strain, and bilateral carpal tunnel. She was treated with corticosteroid injections, occupational therapy, surgery for carpal tunnel of the left and right wrists, nerve blocks, and oral medications. Her latest surgery was for her right carpal tunnel (release and ulnar nerve decompression) on 6/25/13. On 7/2/13, she was seen by her surgeon for follow-up who removed her sutures and recommended exercises and occupational therapy twice weekly for 6 weeks. On 8/13/13, she was seen again by her surgeon reporting that the therapy was helping and that her right hand was slowly improving, although some triggering of the left thumb was reported, and was recommended she continue to go to occupational therapy twice weekly for the following 6 weeks, after she already had 12 sessions post-surgery, for the purpose of her to work on her stretching, modalities, and strengthening. She was also asked to continue her medications for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL POST-OP OCCUPATIONAL THERAPY (2) TIMES PER WEEK FOR (6) WKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The MTUS Post-surgical Treatment Guidelines recommend physical or occupational therapy for carpal tunnel syndrome for 3-8 visits over 3-5 weeks, which is according to the evidence for benefit. Beyond this duration and frequency, there isn't evidence to suggest any more benefit. The benefits need to be documented after the first week, and prolonged therapy is generally not supported. 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. This injured worker had already received 12 sessions of occupational therapy for the right wrist post-surgery and should be recommended home exercises and modalities to continue therapy at home unsupervised. Therefore, supervised occupational therapy for an additional 12 sessions over 6 weeks is not medically necessary.