

Case Number:	CM13-0030843		
Date Assigned:	06/06/2014	Date of Injury:	07/01/2009
Decision Date:	08/08/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	10/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 worker is a 51-year-old female who reported an injury on 06/22/2010. The mechanism of injury was not provided in the medical records. Her diagnoses include status post left carpal tunnel release (08/17/2013) and a left wrist ganglion cyst. Previous treatments include physical therapy, injections, medications, and surgery. Within the physical therapy note dated 10/15/2013, the injured worker post-op left carpal tunnel release and reported pain at 3/10 at rest and a 6/10 with motion activity. Upon examination of the left wrist and hand, the therapist reported flexion was 0/60 degrees, extension 0/63 degrees, ulnar deviation 0/30 degrees and radial deviation 0/15 degrees. The range of motion was within normal limits with but had end range tightness. Per the clinical note dated 04/09/2014, the injured worker reported she had increase left hand, wrist, and thumb pain with numbness, stiffness and triggering of the, ring, middle, and index fingers. The current request is for post-op occupational therapy 3 times a week for 6 weeks for the left wrist/hand. The rationale was not provided in the medical records. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP OCCUPATIONAL THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT WRIST/HAND: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Guidelines for carpal tunnel syndrome indicate physical and occupational therapy are recommended. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to a maximum of 8 visits over 3 months. The guidelines indicate that prolonged therapy visits are not supported. Furthermore, carpal tunnel release surgery is a relative simple operation that also should not require extended multiple therapy office visits for recovery. The clinical documentation provided indicated the injured worker was post-op carpal tunnel release surgery and continued to have left hand/wrist pain rated at 6/10; with numbness, stiffness and triggering of the, ring, middle, and index fingers. The documentation indicated the injured worker had completed at least 8 sessions of physical therapy; however functional gains were not provided. Therefore, the current request for post-op occupational therapy 3 times a week for 6 weeks for the left wrist/hand exceeds the guideline recommendations of 8 visits over 3 months. As such, the request for post-op occupational therapy 3 times a week for 6 weeks for the left wrist/hand is not medically necessary.