

Case Number:	CM13-0035254		
Date Assigned:	12/13/2013	Date of Injury:	08/17/2012
Decision Date:	01/30/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 38 year old female who reported an injury on 08/17/2012. The mechanism of injury was repetitive motions. The patient was diagnosed with carpal tunnel syndrome and had bilateral carpal tunnel release on 12/21/2012. The patient has been treated with physical therapy, medication, splinting and occupational therapy. The clinical documentation dated 09/05/2013 stated the patient reported feeling better 5 most post-surgery but still had occasional tingling and residual soreness at the surgical site. The physical examination showed flexion of 70 degrees bilaterally, extension 75 degrees bilaterally, ulnar deviation of 30 degrees, radial deviation of 20 degrees. The patient had a positive Tinel's test. X-rays showed no arthritic change, no joint space narrowing and no sclerosis. The patient was diagnosed with chronic bilateral hand mild carpal tunnel syndrome 2008-2012, industrially aggravated, status post endoscopic bilateral carpal tunnel release on 12/21/2012 and persistent symptomatology in the bilateral hands. The patient was recommended physical therapy and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy two (2) times a week for three (3) weeks to the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient reported continued pain to bilateral wrist. The patient is status post bilateral carpal tunnel release on 12/21/2012. The patient has mild range of motion deficits with flexion. The patient had also returned to work. CA MTUS physical medicine guidelines recommend physical therapy to improve range of motion, strength, endurance, function, and alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The clinical documentation submitted for review did not indicate if the patient was participating in a home exercise program as recommended by the guidelines. As such, the request is non-certified.