

Case Number:	CM13-0045344		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2012
Decision Date:	02/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 and is licensed to practice in New York. 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 46 year old female legal secretary with a date of injury of 04/18/2012. She had right lower extremity complex regional pain syndrome. She developed bilateral carpal tunnel syndrome from using crutches. On 07/08/2013 she had bilateral carpal tunnel release with ulnar nerve decompression. Since then she had at least 8 occupational therapy visits (4 post operative were certified on 07/02/2013 and another 4 were certified on 09/15/2013). On 10/18/2013 she had an office visit with [REDACTED]. She had slight tenderness over the right carpal tunnel scar. Phalen's signs was negative bilaterally and Tinel's sign was equivocal bilaterally. Grip strength was diminished. She had mild lateral epicondylar tenderness bilaterally. On 10/23/2013 there was a request for 12 additional occupational therapy visits for her wrists. This was denied on 10/28/2013. On 10/28/2013 she had an office visit with [REDACTED]. There was no mention of any problems with her wrists. On 12/06/2013 there was slight tenderness over the right carpal tunnel scar. Tinel sign and Phalen sign were equivocal bilaterally. Grip strength was diminished.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy Visits: 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), Physical

Medicine, and the Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG), 2014 Carpal Tunnel Syndrome.

Decision rationale: The MTUS post surgical occupational therapy guidelines for carpal tunnel syndrome is a maximum of 3 to 8 visits over a 3 month period. Prior to the request for 12 additional visits in 10/2013, she already had received at least 8 visits of occupational therapy. It was also after the 3 month period since the surgery. The ODG 2014 guidelines for post surgical therapy after carpal tunnel syndrome is identical to the MTUS guidelines noted above. By 10/23/2013 she should have been transitioned to a home exercise program. There is no documentation that a continued formal occupational therapy program is superior to a home exercise program over three months after carpal tunnel release surgery.