

Case Number:	CM13-0048706		
Date Assigned:	01/29/2014	Date of Injury:	03/07/2013
Decision Date:	05/23/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/06/2013

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 Preventative Medicine 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:

According to the records made available for review, this is a 57-year-old female with a 3/7/13 date of injury. At the time (10/1/13) of request for authorization for 12 sessions of occupational therapy, three (3) times a week for four (4) weeks; anti-inflammatory for carpal tunnel syndrome; and one (1) custom orthosis for bracing, there is documentation of subjective (burning and sharp right arm pain with tingling and numbness) and objective (mild swelling over the right hand, tenderness over the right wrist, and decreased sensation over the C8 dermatome) findings, current diagnosis (right carpal tunnel syndrome), and treatment to date (medications (including Sumatriptan and Valsartan HCTZ)). The medical report identifies that the patient has had no previous treatment for this complaint and she wishes to proceed with hand therapy and non-steroidal anti-inflammatory drugs (NSAIDs). In addition, the medical report identifies a request for custom orthosis for bracing and for the patient to return to the clinic after custom orthosis. Regarding anti-inflammatory for carpal tunnel syndrome, there is no documentation of moderate to severe osteoarthritis pain or exacerbations of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF OCCUPATIONAL THERAPY, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CARPAL TUNNEL SYNDROME, PHYSICAL MEDICINE TREATMENT

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy/occupational therapy for patients with a diagnosis of carpal tunnel syndrome not to exceed 1-3 visits over 3-5 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation that the patient has had no previous treatment for this complaint. Furthermore, given documentation of subjective (burning and sharp right arm pain with tingling and numbness) and objective (mild swelling over the right hand and tenderness over the right wrist) findings, there is documentation of functional deficits and functional goals. However, the requested 12 sessions of occupational therapy, three (3) times a week for four (4) weeks, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for authorization for 12 sessions of occupational therapy, three (3) times a week for four (4) weeks is not medically necessary.

ANTI-INFLAMMATORY FOR CARPAL TUNNEL SYNDROME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, before the requested medications can be considered medically appropriate, it is reasonable to require documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation that the patient has had no previous treatment for this complaint. However, there is no documentation of moderate to severe osteoarthritis pain or exacerbations of chronic pain. In addition, there is no documentation of which specific medications are being requested. Therefore, based on guidelines and a review of the evidence,

the request for authorization for anti-inflammatory for carpal tunnel syndrome is not medically necessary.

ONE (1) CUSTOM ORTHOSIS FOR BRACING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANKLE AND FOOT CHAPER, ONLINE VERSION

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273; TABLE 11-7.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which splinting is indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of a brace/splint. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of a condition/diagnosis (with supportive subjective/objective findings) for which splinting is indicated (carpal tunnel syndrome). However, despite documentation of a request for custom orthosis for bracing and for patient to return to clinic after custom orthosis, there is no documentation of a rationale identifying the medical necessity of a custom brace as opposed to a (prefabricated) wrist brace/splint. Therefore, based on guidelines and a review of the evidence, the request for one (1) custom orthosis for bracing is not medically necessary.