

Case Number:	CM13-0057406		
Date Assigned:	05/21/2014	Date of Injury:	06/03/2001
Decision Date:	07/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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 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:

The injured worker is a 49-year old female with a reported date of injury on 06/03/2001. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include cervical spine strain/sprain, status post left ganglion cyst removal, bilateral shoulder impingement syndrome, and bilateral wrist carpal tunnel syndrome. Her previous treatments were noted to include surgery, physical therapy, acupuncture, and medication. The progress note dated 07/22/2013 revealed full range of motion to the bilateral wrists, and motor strength was rated 5/5 in the bilateral upper extremities. The progress note dated 01/24/2014 reported the injured worker complained of bilateral wrist/hand pain rated 5/10, as well as neck and bilateral shoulder pain. The physical examination of the cervical spine showed tenderness to palpation over the cervical spine, and bilateral shoulders. The physical examination to the bilateral wrists/hands showed tenderness to palpation over the volar aspect of the bilateral wrists. The request is for occupational therapy 2 times a week x4 weeks to the bilateral wrists was not submitted within the medical records; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2X week X 4weeks Bilateral Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Per Postsurgical Treatment Guidelines there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 35 visits over 4 weeks after surgery; however, benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time of work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work, there is not a recent, adequate, and complete assessment of the bilateral wrists to warrant occupational therapy at this time. The injured worker has full range of motion to her bilateral wrists and has not had surgery and there is a lack of documentation regarding current measurable objective functional deficits, including range of motion and motor strength, as well as quantifiable objective functional improvements from previous treatments. Therefore, Occupational Therapy 2X week X 4weeks Bilateral Wrist is not medically necessary.