

Case Number:	CM14-0000462		
Date Assigned:	01/10/2014	Date of Injury:	05/13/2013
Decision Date:	06/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery 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 patient is a 51-year-old female, who has submitted a claim for Carpal Tunnel Syndrome, Cubital Tunnel Syndrome and Medial Epicondylitis, right; associated with an industrial injury date of May 13, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of pain in her right elbow, as well as numbness of her right hand. On physical examination, tenderness was noted on the right elbow, with positive elbow flexion test. Median nerve compression test, and Tinel's sign were positive on the right hand. Ganglion cyst was noted on the left ring finger. MMT of the finger flexors, of both hands, were 4/5. MMT of the thumb flexors, of both hands, were 4/5. Sensation to light touch, was decreased on the right hand. MRI of the cervical spine, done on October 29, 2013, showed straightening of the cervical curvature with central nerve root canal stenosis. EMG/NCV done on March 18, 2013, revealed moderate to severe ulnar neuropathy of the right elbow, and mild to moderate carpal tunnel syndrome, right side. Treatment to date has included, 6 sessions acupuncture, occupational therapy, cortisone injections, medications and cortisone injections. The utilization review from December 18, 2013, denied the request for occupational therapy (ot) three (3) times a week for four (4) weeks, right wrist, arm and forearm because the guideline only allows half of the prescribed visits, initially.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY (OT) THREE (3) TIES A WEEK FOR FOUR (4) WEEKS, RIGHT WRIST, ARM AND FOREARM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, 16

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.3, Page(s): 15-16.

Decision rationale: As stated on pages 15-16, of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits, over 4 weeks after surgery. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. In this case, OT was prescribed as a post-op regimen, after the release of the right CTS. It is unclear if the planned surgical procedure has been accomplished. Moreover, recent progress reports showed that patient has started occupational therapy sessions. However, the total number of visits attended, as well as functional outcomes derived from it were not documented. Furthermore, the requested number of visits totaled to 12, which is beyond what the guideline recommends. The guideline criteria were not met. Therefore, the request for occupational therapy (ot) three (3) times a week for four (4) weeks, right wrist, arm and forearm is not medically necessary.