

Case Number:	CM14-0100592		
Date Assigned:	08/22/2014	Date of Injury:	01/18/2012
Decision Date:	10/21/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 55 year old female with a 6-4-14 date of cumulative industrial injury. Individual reported injury to her cervical spine, thoracic and lumbar/ sacral spine, as well as shoulders and bilateral wrists. Pertinent diagnosis of right carpal tunnel syndrome with a surgery date of 2-25-14 is the diagnosis pertaining to this utilization review. She had 8 visits of occupational therapy following surgery with a home exercise program. Visit 5-19-14 showed the individual had pain diffuse swelling to her right hand and difficulty closing her hand and grasping a pencil. Physician notes are very difficult to read. Utilization Review 6-4-14 was non-certified for Occupational therapy 2x3 for lower arm/ wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x3 for lower arm/ wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "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 . . ." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. She completed occupational therapy following surgery and was provided home exercises. Medical records did not discuss any objective benefit from the previous sessions or why the individual did not do the recommended home therapy program. The request number of session is in excess of the guidelines. As such, the request for occupational therapy 2x3 for lower arm/ wrist is not medically necessary.