

Case Number:	CM14-0103770		
Date Assigned:	07/30/2014	Date of Injury:	12/10/2010
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 68 year old female with a work injury dated 12/10/10. The diagnoses include C4-5, C5-6 disc herniation, shoulder impingement syndrome, L5-S1 disc herniation, status post right carpal tunnel release 5/30/13, carpal tunnel syndrome, post concussion syndrome, chest wall contusion, status post left carpal tunnel release March 2014. Under consideration is a request for outpatient occupational therapy to the left wrist 2 x week x 3 weeks. There is a primary treating physician report dated 4/11/14 that states that the patient is status post left carpal tunnel release. She is complaining of aching pain with numbness and pins and needles sensation in the neck which she rates 5/10. She complains of aching pain with numbness and pins and needles sensation in the bilateral hands and fingers which she rates 5/10. She complains of aching pain in the waist area with numbness and pins and needles sensation which she rates 7/10 radiating to the right lower extremity. She complains of stabbing pain in the bilateral knees which she rates 6/10. She is attending physical therapy. On exam of the left wrist there is small incision noted. There is mild effusion noted with mild tenderness on palpation at the surgical site. No signs of infection are seen. Neurovascular the patient is intact. There is a request for an additional eight visits of postoperative physical therapy for the left wrist. There is a 5/12/14 handwritten somewhat illegible document that states that the patient has good days and bad days. The Neurontin makes her sleepy. She has left full range of motion and tenderness to palpation. The plan states that the patient is awaiting more OT 2 x 4 for (illegible) pain. A 2/11/14 document states that the patient has neck pain. The pain radiates down bilateral upper extremities. An 8/4/14 document states that the PT was for the elbows which the patient has never had for symptoms of medial and lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Occupational Therapy to the left wrist 2 x week x 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The medical records provided for review indicate that the patient has had 8 sessions of therapy already post carpal tunnel release. The MTUS Guidelines recommend up to 8 visits for this condition and state that 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. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The documentation indicates that patient has full left wrist range of motion. An additional 6 visits would exceed the MTUS Postsurgical Guidelines' recommendations. The patient should be versed in a home exercise program. The request for additional outpatient occupational therapy to the left wrist is not medically necessary.