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| Case Number: | CM14-0106482 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/11/2010 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 48 year old employee with date of injury of 9/11/2010. Medical records indicate the patient is undergoing treatment for chronic pain syndrome; chronic low back pain syndrome; carpal tunnel syndrome; osteoarthritis; localized, secondary forearm; osteoarthritis unspecified whether generalized or localized forearm; pain in joint, hand; cervical degenerative disk disease; cervicgia and cervical radiculopathy. The patient denies upper extremity radicular signs and symptoms. Subjective complaints include persistent right hand pain and stiffness but as of 5/2014 there was an improvement of 50-60%; reports severe hand pain and swelling if it's used too much. Objective findings include right grip strength was 50% and comparable with the left; right wrist extension was 60% and -9 degrees on the left. Residual restricted right wrist and hand active range of motion post-operative with no occupational therapy. Left carpal tunnel syndrome signs and symptoms remained symptomatic. Patient's gait and station was normal. No focal motor and sensory changes. The cervical spine active range of motion was within functional limits with complaints of mild pain at end range of flexion, rotation and side bending to the right. Spurling's test was negative. Treatment has consisted of acupuncture, home exercise and left carpal tunnel cortisone injection on 11/27/2013; right carpal tunnel release and excision of volar ganglion cyst on 1/16/2014. The patient is taking ibuprofen, topical Arnica, occupational therapy for bilateral carpal tunnel syndrome. The utilization review determination was rendered on 6/16/2014 recommending non-certification of Occupational Therapy times a week for 4 weeks for the bilateral hand /wrist and Acupuncture 2 times a week for 3 weeks for the bilateral hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 4 weeks for the bilateral hand /wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/ Occupational Therapy- Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Carpal Tunnel Syndrome.

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. The treating physician notes on 3/5/14 note "continue with the home exercise program for the right hand. I gave her several exercises to perform." The treating physician has not provided medical documentation to explain why a home exercise program is not sufficient and why occupational therapy is needed at this time. As such, the request for Occupational Therapy 2 times a week for 4 weeks for the bilateral hand /wrist is not medically necessary.

Acupuncture 2 times a week for 3 weeks for the bilateral hand/ wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Carpal Tunnel Syndrome, Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical documents did not provide detail regarding patient's increase or decrease in pain medication from previous acupuncture treatments. In addition, ODG does not recommend acupuncture for carpal tunnel syndrome. ODG states "Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control." As such, the request for Acupuncture 2 times a week for 3 weeks for the bilateral hand/ wrist is not medically necessary.