

Case Number:	CM14-0012202		
Date Assigned:	02/21/2014	Date of Injury:	04/23/2012
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 underlying date of injury in this case is 04/23/2012. The primary diagnosis is a wrist sprain. The additional treating diagnoses include carpal tunnel syndrome, wrist enthesopathy, and upper arm osteoarthritis. The current request is specifically a request for occupational therapy following carpal tunnel release surgery. On 10/30/2013, the patient was seen in orthopedic consultation and was noted to have persistent carpal tunnel syndrome refractory to initial conservative treatment. The orthopedic surgeon requested authorization for an open carpal tunnel release of the left wrist as well as preoperative clearance and also twelve (12) sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POSTOPERATIVE OCCUPATIONAL THERAPY SESSIONS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome.

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

Decision rationale: The Postsurgical Treatment Guidelines indicate that there is limited evidence regarding the effectiveness of physical or occupational therapy for carpal tunnel syndrome. Those guidelines state that the evidence may justify up to five (5) visits over four (4) weeks after surgery, given that benefits need to be documented after the first week and prolonged therapy visits are not supported. Thus, the treatment guidelines support only a limited amount of postoperative physical therapy after a carpal tunnel release, and that therapy should be under close physician supervision. The medical records do not provide an exception as to why this patient would be anticipated to require twelve (12) physical therapy sessions as a preoperative planning item. This request is not supported by the treatment guidelines, this request is not medically necessary.