

Case Number:	CM14-0111486		
Date Assigned:	09/19/2014	Date of Injury:	03/27/2013
Decision Date:	10/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 Minnesota. 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 injured worker is a 29 year old female who developed symptoms of carpal tunnel syndrome of the left hand shortly after she started working on 03/27/2013. Notes document negative nerve conduction studies in the past. She underwent a left trigger thumb release on 11/05/2013. A left open carpal tunnel release was performed on 04/15/2014. Postoperatively she had continuing complaints of pain and tenderness in the surgical scar and thenar eminence and numbness on the dorsoradial aspect of the thumb which slowly improved. She received postoperative Physical Therapy but continued to have weakness and pain over the scar and radial border of the thumb. She also had some pain over the thenar eminence but numbness was improved. She completed 12 postoperative physical therapy visits. At the time of the last visit of 06/20/2014 she had 2-3/10 pain at rest, 5/10 with use, and also complained of weakness. The disputed request is for additional Occupational Therapy twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 6 - Left Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270, Postsurgical Treatment Guidelines Page(s): 15 and 16..

Decision rationale: MTUS guidelines indicate limited evidence to support the efficacy of Physical Therapy or Occupational Therapy for Carpal Tunnel Syndrome. 3-5 visits may be justified postoperatively over a 4 week period For endoscopic or open carpal tunnel release 3-8 visits over 3-5 weeks may be recommended at the most. The worker has already received 12 treatments and has been instructed in strengthening exercises which she can easily perform at home. Persisting pain in the surgical scar is common and is expected to gradually resolve without need for additional Occupational Therapy. The ACOEM guidelines further indicate that symptoms of pain, numbness, and tingling in the hands are common in the general population and only one in five symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electrophysiologic testing.