

Case Number:	CM14-0113137		
Date Assigned:	09/16/2014	Date of Injury:	03/16/2009
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 3/16/2009. Patient has a diagnosis of bilateral carpal tunnel syndrome post L carpal tunnel release on 1/29/10 and R carpal tunnel release on 6/4/10. Patient also has a diagnosis of anxiety. Medical reports reviewed. Last report available until 6/12/14. Patient complains of flare up of L hand with pain in first 3 digits. Pain started 2 weeks prior and is not improving. Objective exam reveals no tenderness to wrist with normal range of motion. Tinel's and Phalen's are negative bilaterally. L hand grip and thumb opposition is noted to be weak at 4/5. Occupational therapy was requested to, "...help reduce pain and allow her to continue working." Medication list include diclofenac, Anaprox, Lexapro and Phentermine. Has also attempted TENS unit and uses local pain medications. Independent Medical Review is for Occupational therapy additional left hand therapy one time a week for six weeks (6 total). Prior UR on 6/27/14 recommended modification to 2 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy additional hand therapy one time a week for six weeks, in treatment of left hand Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: As per MTUS Post-surgical Treatment guidelines, Carpal Tunnel Syndrome (CTS) has little evidence of benefit with physical or occupational therapy. A trial of therapy post carpal tunnel release may have been warranted but the surgery occurred almost 4 years prior. Guidelines also recommended only a single sessions and reassessment after 1 week to document benefit and it recommends only a maximum of 5 sessions. Since this was a request for "additional" sessions, there is no documentation of benefit of prior sessions. The requested number of sessions is not justified. Occupational therapy is not medically necessary.