

Case Number:	CM14-0114101		
Date Assigned:	09/22/2014	Date of Injury:	09/13/2013
Decision Date:	11/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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:

This patient is a 34 y/o female who has developed persistent bilateral hand and wrist pain subsequent to an injury dated 9/13/13 CT. She is diagnosed with bilateral carpal tunnel syndrome (CTS) and overuse tendonitis. Only right sided electrodiagnostics have been completed and the findings were consistent with mild carpal tunnel. She has previously been treated with injections and 9 sessions of physical therapy. This treatment was not beneficial. Acupuncture has also been performed without lasting benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two (2) times a week for four (4) weeks bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Page 99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Forearm, wrist & hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm wrist and Hand; Carpal Tunnel, Physical Therapy

Decision rationale: MTUS Guidelines supports the limited use of physical therapy to instruct a patient in self-protective behaviors and a rehabilitation program. ODG Guidelines provide

additional specifics regarding a reasonable extent of therapy. For carpal tunnel syndrome, up to 3 sessions are considered adequate and/or for tendonitis issues up to 9 sessions are considered adequate. This patient has completed 9 sessions without benefits. The rationale for a full additional 8 sessions is not clear that extend of additional therapy is not Guideline supported. The request for occupational therapy 2 times 4 weeks is not medically necessary.