

Case Number:	CM14-0026932		
Date Assigned:	06/13/2014	Date of Injury:	01/24/2011
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 53 year old male who reported an injury on 10/24/2012 of unknown mechanism of injury. The injured worker had a history of or numbness and pain to bilateral hands and wrist. The injured worker had a diagnosis of status post carpal tunnel release at the hands and wrists with the left hand/wrist being the most recent. The physical therapy note dated 11/18/2013 reveals flexion to the right wrist 65 degrees and extension 75 degrees, Flexion 60 degrees and 75 degrees to the left hand. The chart notes from 01/13/2014 indicate on physical examination appropriate incisional pain to left hand with mild tenderness, grip strength greater on the right. Treatment plan includes 12 additional sessions of occupational therapy for bilateral hands/wrists. The authorization form not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL OCCUPATIONAL THERAPY 2XWK X 6WKS BILATERAL HANDS/WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There is limited evidence demonstrating the effectiveness of occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 week visits over 4 weeks after

surgery with the maximum of post-surgical treatment of 3-8 visits over 3-5 weeks after the first week and prolonged visits are not supported. Furthermore, carpal tunnel release surgery is a relatively simple operation that should not require extended multiple therapy office visits for recovery. Continued visits should be contingent of documentation of objective findings including VAS pain scale, education in a home program, work discussion, suggestions of modifications, life style changes and setting realistic goals. The physical therapy notes dated 12/16/2013 provided state that the injured worker had progressing nicely with decreased pain and increased range of motion. The documentation did not have quantified measures that revealed an effective medication regimen. The injured worker had completed 12 sessions of therapy and request for 12 additional visits for a total of 24 visits, therefore exceeding the 3-5 visits over 4 weeks. As such, the request is not medically necessary.