

Case Number:	CM14-0030316		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2012
Decision Date:	08/05/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 24-year-old male who reported an injury on 07/06/2012. He was injured while picking up an air conditioning unit. On 01/24/2014, the injured worker presented with complaints of pain and swelling and dysfunction of his right hand. He is status post a carpal tunnel release surgery as of 01/11/2014 and was in a short arm splint for protection. Upon examination, the surgical wound was intact with sutures with no sign of infection noticed. Mild soft tissue swelling was noted around the right wrist ulnar surface of the carpal tunnel region, and range of motion was decreased due to pain and swelling. No focal neurovascular deficit was noted. Therapies included surgery, medications and occupational therapy. The diagnosis was neuropathy, upper extremity; carpal tunnel syndrome; wrist sprain/strain; strain of the elbow/forearm; back sprain, unspecified; lumbar disc disorder; and unspecified sprain/strain of the elbow and forearm. The provider recommended postoperative occupational therapy for 3 times a week for 6 weeks, consisting of therapeutic exercise times 12 and 1 occupational therapy evaluation to the right wrist. The provider's rationale was not provided. The Request for Authorization form was dated 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy (OT) three (3) times a week for six (6) weeks consisting of therapeutic exercise times (x) twelve and one occupational therapy evaluation to right wrist: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that there is little evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. Benefits needed to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work or undergoing multiple therapy visits when other options could result in a faster return to work. The postsurgical treatment for recommended for carpal tunnel syndrome includes 3 to 8 visits over 3 to 5 weeks and postsurgical treatment period of 3 months. The injured worker had a carpal tunnel release done on 01/11/2014. The provider's request for postoperative occupational therapy exceeds the guideline recommendations of a 3 month treatment period. Additionally, the provider's requested 3 times a week for 6 weeks as well as 12 additional occupational therapy visits along with the occupational therapy evaluation exceed the recommendations of the guidelines. As such, the request is not medically necessary.