

Case Number:	CM14-0032376		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2012
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/14/2014

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 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:

The Injured worker is a 48 year-old female who reported an injury on 08/17/2009 due to unknown mechanism, she complained of continued left upper extremity pain. On the physical exam dated on 05/28/2014 there is no tenderness to cervical, thoracic, or lumbar regions. Range of motion to shoulders, elbows, wrists/hands all recorded as being within normal ranges. The medications included not recorded on clinician visit dated 05/28/2014. The injured worker diagnoses are status post right hand carpal tunnel release and deQuervain's release. The injured workers treatments/diagnostics included electrodiagnostic study to the left upper extremity and was interpreted as being negative. The treatment plan was for Occupational Therapy (OT) 2 times a week for 4 weeks for the hand and wrist. The authorization form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 2 X 4 Right Hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California Medical Utilization Schedule (MTUS) chronic pain guidelines states active therapy is based on the philosophy that therapeutic exercise and or activity would be beneficial for restoring flexibility, strength, endurance, function range of motion and can alleviate discomfort. The documentation on physical examination date 05/28/2014 the injured workers range of motion to hand and wrist in all areas, dorsiflexion, palmar flexion, radial deviation, and ulnar deviation were all within the normal range. The postsurgical guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy, or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 week after surgery up to the maximum shown below. Benefits need 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 while undergoing multiple therapy visits when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel syndrome release surgery is a relatively simple operation that should not require extended multiple therapy office visits for recovery. The guideline also states carpal tunnel syndrome postsurgical treatment (endoscopic) 3-8 visits over 3-5 weeks, postsurgical medicine treatment period of 3 months. Postsurgical treatment (open) 3-5 visits over 3-5 weeks postsurgical medicine treatment period 3 months. There is no documentation of the injured worker's participation in a physical therapy or occupational therapy program post-surgery. The injured worker is status post right carpal tunnel release for over one year, there is no clinical documentation that Occupational Therapy (OT) would be a greater benefit than an independent home exercise program. In addition the request exceeds the timetable of physical medicine treatment of 3 months. As such the request for Occupational Therapy (OT) 2 times a week for 4 weeks is non-certified.