

Case Number:	CM14-0033206		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2006
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 Texas. 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 patient is a 59-year-old male with an industrial injury date of 5/8/2006. The mechanism of injury is unknown. Current diagnosis is s/p bilateral CTR with residual symptoms. According to the documentation provided, prior treatment has included 10 sessions of preoperative physical therapy and 14 sessions postoperative physical therapy. An EMG/NCV of the lateral of extremities was performed on 9/11/2013 which revealed normal EMG of the upper extremities and normal nerve conduction studies. According to the handwritten PR-2 dated 2/26/2014, the patient reported minimal relief of symptoms status post Kenalog injection, right carpal tunnel. Objective findings reported as occasional numbness bilateral middle fingers and associated volar wrist and forearm pain. Diagnosis is s/p bilateral CTR with residual symptoms. Treatment plan is chiropractic 2x6 weeks and Neurontin. According to the handwritten PR 2 dated 5/20/2014, the patient reports Neurontin is helping somewhat, and he has sharp intermittent pain in the hands. Objective findings are reported as negative Tinel's, equivocal Phalen's, tender volar wrists bilaterally, and positive compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks for the bilateral wrists: 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)- post-op Carpal Tunnel Syndrome (CTS), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the post-surgical guidelines, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 8 visits. The patient has already received a more than adequate amount of supervised therapy for his wrist complaints. In addition, the patient is not working and the medical records do not reveal any new injury or trauma as to warrant a return to care. The CA MTUS states patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient should be encouraged to utilize a self-directed home exercise program to manage his mild chronic complaint. The request is not medically necessary and is not supported by the evidence-based guidelines.

Chiropractic therapy 2 times a week for 6 weeks for the bilateral wrists: 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)- post-op Carpal Tunnel Syndrome (CTS), Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The CA MTUS guidelines state chiropractic care (Manual therapy & manipulation) may be recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. However, chiropractic is not recommended for CTS or wrist/forearm/hand complaints. The request is not deemed medically necessary and is not recommended by the evidence-based guidelines.