MAXIMUS Federal Services

Case Number:	CM14-0046218		
Date Assigned:	07/02/2014	Date of Injury:	01/21/2013
Decision Date:	08/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 & 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 36-year-old female with a reported injury on 01/21/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/14/2014 reported that the injured worker complained of bilateral wrist pain. The physical examination of the injured worker's bilateral wrists revealed tenderness to palpation at the volar wrist with an active full range of motion. The injured worker had a positive Phalen's and Tinel's test. It was reported that the injured worker's bilateral wrist sensation was intact to light touch in the distribution of the radial, median, and ulnar nerves. Strength and stability were rated a 5/5 in all muscle groups tested with no instability noted. The injured worker's diagnoses included carpal tunnel syndrome, wrist pain, right carpal tunnel release in 2013, cyst removal in 2006 and 2007, appendectomy in 2007, and breast augmentation in 2010. It is reported that the injured worker is not on any current medications. Diagnostic examination of the injured worker's right wrist demonstrated continued compression of the right median nerve at the carpal tunnel. The provider requested postoperative occupational therapy to the right wrist; the rationale was not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative occupational therapy 3 times a week times 4weeks right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Surgical Treatment Guidelines Carpal Tunnel Syndrome, page 15.

Decision rationale: The CA MTUS Guidelines recommend therapy for postoperative carpal tunnel syndrome. There is limited evidence demonstrating the effectiveness of OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 visits to 5 visits over 4 weeks after surgery. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). There is a lack of clinical information indicating the date that the carpal tunnel surgery release took place. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker has significant functional deficits requiring postoperative occupational therapy to the right wrist. Given the information provided, there is insufficient evidence to determine appropriateness of postoperative occupational therapy of the right wrist to warrant medical necessity. The request is not medically necessary.