

Case Number:	CM14-0052362		
Date Assigned:	07/07/2014	Date of Injury:	06/28/2011
Decision Date:	09/24/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 injured worker is a 40 year old female who was injured at work on 06/28/2011. She had a carpal tunnel release on 10/14/2014 followed by 18 sessions of acupuncture, 14 sessions of physical therapy, and 14 sessions of chiropractic care. She has been on treatment with Norco one daily, and Ibuprofen as needed. However, during an office visit on 02/04/2014 she complained of neck pain that radiates to the right arm; pain and numbness of the hand that improves with therapy. Physical examination revealed positive decreased range of motion of the cervical spine, slight tenderness of the paracervical and trapezial area; positive tinels test in the cubital areas bilaterally. Tenderness was noted in the right carpal tunnel scar, and over the right radial scar. There were MRI of 04/06/2012 findings slight central disc bulge at C5-C6 impressing on the thecal sac, and mild degenerative loss. Lumbar MRI of 06/28/2012 revealed degenerative disc disease and facet arthropathy, with retrolisthesis at L5-S1, mild canal stenosis, and mild neuroforaminal narrowing; Nerves studies of 04/04/2012 revealed bilateral carpal tunnel syndrome and mild left radial sensory neuropathy. She has been diagnosed of status bilateral radial tunnel releases, ulnar nerve decompression at the wrist, carpal tunnel releases, bilateral forearm tendonitis, bilateral cubital tunnel syndrome, trapezial, paracervical and parascapular strain, cervical arthrosis with radiculopathy, and rule out thoracic outlet syndrome. Treatment included Menthoderm and NSAIDs. At dispute is the request for additional Occupational Therapy Cervical Spine, Bilateral Forearms/ Wrist- Twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy Cervical Spine, Bilateral Forearms/ Wrist- Twice a week , for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The MTUS Chronic Pain Guidelines does not recommend twice weekly occupational therapy for chronic pain conditions. It should be noted the injured worker had carpal tunnel release surgery on 10/14/2014, but reported to her doctor on 02/04/2014 she complained of pain. This period is beyond the three months postsurgical physical medicine treatment period for carpal tunnel release which requires 3-8 visits over 3-5 weeks period. Nevertheless, the MTUS Chronic Pain Guidelines noted there is limited evidence supporting the use of Occupational therapy after carpal tunnel release. This guideline recommends allowing a fading of three visits a week to one a week, then to continue with home exercises; and to instruct the patient on home exercises. Therefore, the request is not medically necessary and appropriate.