

Case Number:	CM14-0083512		
Date Assigned:	06/06/2014	Date of Injury:	10/31/2011
Decision Date:	07/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 Family Medicine and is licensed to practice in Pennsylvania. 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:

This worker sustained a work related injury on November 18, 2010 resulting in right shoulder, right elbow and right wrist pain. She received pain medications and acupuncture. She had a right ulnar nerve transposition on 5/20/13. She had MRI's of her right wrist, elbow, and cervical spine. On February 7, 2014, an EMG/NCV showed mild bilateral carpal tunnel syndrome. On March 13, 2014, she had right carpal tunnel release. She had post-operative occupational therapy. On May 1, 2014, she had a follow up visit with her primary treating physician. That visit note stated that the worker reported that the pain and numbness in her hand were improving with therapy. Exam revealed tenderness over the right CT scar, Tinels equivocal at the left cubital tunnel, elbow flexion test positive on the left and negative on the right, Tinels and Phalens positive over the left carpal tunnel and negative over the right. The diagnoses included 1) status post right carpal tunnel release, 2) status post right cubital tunnel release with transposition of the ulnar nerve and medial epicondylar repair, 3) left carpal tunnel syndrome, 4) forearm tendonitis, 5) trapezial and paracervical strain. The treating physician note stated that she should continue OT twice weekly for the next 6 weeks to work on stretching, modalities and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY FOR THE RIGHT WRIST, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: According to the MTUS there is limited evidence demonstrating the effectiveness of PT or OT for carpal tunnel syndrome. The evidence may justify PT or OT up to 3-8 visits over 3-5 weeks after surgery. Passive modalities should be minimized in favor of active treatments. Therapy should include education in a home program. PT or OT are not necessary for continued recovery while the individual continues an active home program. According to the treating physicians note this worker was continuing to show progress. However, that does not indicate that continued OT is necessary since the worker should have been transitioning to a home program in which continued progress would be anticipated.