

Case Number:	CM14-0111772		
Date Assigned:	09/16/2014	Date of Injury:	10/01/2011
Decision Date:	01/02/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa 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 is a 48 year old patient with date of injury of 10/1/11. Medical records indicate the patient is undergoing treatment for bilateral carpal tunnel syndrome and bilateral DeQuervain's. Subjective complaints include numbness, tingling and pain with stiffness and weakness of bilateral wrists. Objective complaints include positive Phalens, Tinsels and Finkelstein's tests. ROM with flexion and extension 40 degrees. Grip strength on right 6, left 4. MRI right wrist revealed dorsal ganglion cyst with tiny tear of TFCC and mild DeQuervains Tenosynovitis. MRI left wrist revealed tear scapholunate ligament. EMG showed probable tendonitis bilateral wrist with no evidence of carpal tunnel or ulnar neuropathy. Treatment has consisted of occupational therapy, wrists braces, work restriction and home exercise plan. Medication to include Norco. The utilization review determination was rendered on 7/9/14 recommending non-certification of Additional Occupational therapy 2X a week X4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Chronic Pain Treatment Guidelines

Occupational Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Carpal Tunnel Syndrome

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery . . ." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. The treating physician does not provide documentation of functional improvement with the previous OT or that the patient is participating in a home exercise program. As such, the request Additional Occupational Therapy 2 times a week for 4 weeks is not medically necessary.