

Case Number:	CM14-0178664		
Date Assigned:	11/03/2014	Date of Injury:	09/02/2010
Decision Date:	03/24/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 52 year old male, who sustained an industrial injury on 9/2/10. An acute onset of right hand pain was reported when he lifted a projector. Surgical history was positive for right hand repair in 2010 and a right carpal tunnel release on 5/30/14. The patient attended 8 occupational therapy visits from 6/3/14 through 6/26/14. The 8/12/14 treating physician report cited worsening right hand numbness, sharp daytime pain, and throbbing pain and swelling at night. He reported he was attending hand therapy but had no more visits. He was working. Physical exam documented numbness of the thumb, index, middle and ring finger. He was able to make a complete fist. Tinel's was positive and Phalen's was negative. The diagnosis was status post right carpal tunnel release. The treatment plan request repeat EMG/NCV, and referral to a neurologist and pain specialist. Additional hand therapy was requested for 8 visits. The 9/26/14 treating physician report cited grade 7-8/10 right hand pain with tingling and pins/needles in the median nerve distribution. He was awakened by pain. Pain increased with bending, lifting, and right hand use. Physical exam documented 5/5 strength, right hand numbness, and positive Tinel's over the carpal tunnel. The treatment plan included Lyrica, Menthoderm, and possible right hand MRI. The treatment plan requested 8 occupational therapy visits. On October 6, 2013, Utilization Review non-certified a request for associated surgical service: Eight (8) occupational therapy visits for the right hand, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On October 1, 2014, the injured worker submitted an application for IMR for review of requested associated surgical service: Eight (8) occupational therapy visits for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Eight (8) occupational therapy visits for the right hand:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Carpal tunnel syndrome: Physical therapy

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 3-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines recommend 1 to 3 visits for medical treatment of carpal tunnel syndrome. Guideline criteria have not been met. This patient underwent carpal tunnel release on 5/30/14 and completed 8 post-op occupational therapy visits as of 6/26/14. Continued therapy was documented in August, and worsening symptoms were noted. There is no evidence as to the number of occupational therapy visits completed, and what functional benefit was achieved. There is no current specific functional deficit documented to support the medical necessity of additional supervised occupational therapy over an independent home exercise program. Guidelines typically limit occupational therapy in carpal tunnel syndrome to 1 to 3 visits and recommend home therapy. Therefore, this request is not medically necessary.