

Case Number:	CM14-0193188		
Date Assigned:	11/26/2014	Date of Injury:	05/11/2010
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational and environmental medicine, has a subspecialty in medical toxicology and is licensed to practice in Ohio. 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 individual is a 35 year old female who sustained an industrially related injury on May eleventh 2010 involving her bilateral upper extremities. She has ongoing complaints of aching pain in her bilateral wrists along with parathesia and weakness. She is status post left wrist ganglion cyst removal with arthroscopic synovectomy and debridement on 5/21/14. She reported no significant improvement following surgery. The latest physical examination in the provided records (10/6/14) reports tenderness over bilateral carpal and cubital tunnels, Positive Tinel's and Phalen's signs bilaterally with negative Roo's and Spurling's signs. She currently takes voltaren for pain and inflammation. This request is for bilateral wrist occupational therapy x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 6 sessions, bilateral hands and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand 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" MTUS and ODG state regarding wrist occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." This request is made greater than 4 weeks post-surgery on the left wrist (the right did not undergo). Further, this request does not detail the timeframe of the requested therapy and the provided record does not detail the amount of occupational therapy received in the 4+ years since injury it does imply that therapy was performed with, apparently no significant improvement. As such the request for bilateral wrist OT x6 is deemed not medically necessary.