

Case Number:	CM14-0202782		
Date Assigned:	12/15/2014	Date of Injury:	07/08/2009
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice 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 56 year old male continues to complain of pain with gripping and improvement in tenderness at the incision site, status post right endoscopic carpal tunnel release surgery and rotator cuff repair in 7/2014; and stemming from a work related injury reported on 7/8/2009. Diagnoses include injury to the right wrist and right thumb, and carpal tunnel syndrome. No work status was provided. Therapy notes for 8/6/14, 8/8/14, 8/11/14, 8/13/14, 8/18/14, 8/20/2014, 8/22/14, and 8/27/14 all note 2 or 3 units of therapeutic exercises with 1 unit of manual therapy, or 1 unit of paraffin bath, for pain rated 2-3 & 3-5 to either the incision site or with gripping. No other objective findings and no progress notes are available for my review. On 11/12/2014, Utilization Review non-certified, for medical necessity, a request for post-operative outpatient occupational therapy, 3 x a week for 4 weeks because the injured worker has attended at least 20 post-operative physical/occupational therapy sessions after the endoscopic carpal tunnel release surgery, and this request is for an additional 12 sessions. MTUS guidelines for carpal tunnel syndrome, post-surgical treatment recommend 3-8 visits over 3-5 weeks, for a period of 3 months; therefore the request exceeded recommendations and is not medically reasonable or necessary, and not authorized. Furthermore, the review stated that this injured worker should be fully independent in their home exercise program at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), Physical Medicine Treatment

Decision rationale: There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for CTS (carpal tunnel syndrome). The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS I instead of CTS). Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. The Official Disability Guidelines allow for 3-8 visits over 3-5 weeks post surgically for endoscopic carpal tunnel release surgery. In this instance, the injured worker has had a number of visits which exceeds that. A physical therapy note from 8-11-2014 notes the injured worker has been compliant with a home exercise program and massage. Additional occupational therapy, 3 times a week for 4 weeks, is therefore not medically necessary per the referenced guidelines.