

Case Number:	CM14-0203616		
Date Assigned:	01/28/2015	Date of Injury:	04/20/2012
Decision Date:	03/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 is a 52 year old male who suffered a work related injury on 04/20/12. He developed left and right wrist pain, numbness, nocturnal pain and cramping. He underwent at home occupational therapy exercises, and unknown number of injections. He eventually had left carpal tunnel release with tenosynovectomy on 10/13/14. He now complains of right hand numbness, tightness, and nocturnal pain. The diagnosis is severe carpal tunnel syndrome on the right diagnosed with EMG/nerve conduction studies. The request is now for right carpal tunnel release and possible tenosynovectomy. This request was denied by the Claims Administrator on 11/22/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy for the right wrist, 2 times per week for 4 weeks, quantity: 8 sessions: Upheld

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

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

Decision rationale: The request for Post-operative occupational therapy for the right wrist, 2 times per week for 4 weeks, quantity: 8 sessions is not medically necessary. The patient presented on 11/06/2014 for follow-up of the left carpal tunnel surgery and request to have the right carpal tunnel surgery. The guidelines recommend up to 8 visits of postsurgical over 3 to 5 weeks. There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery up to 8 weeks. The benefits need to be documented after the first week if prolonged therapy visits are not supported. The injured worker should be formally assessed after the first week to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing the therapy. As there is no indication the surgery has been approved, the need for postoperative therapy is not medically necessary.