

Case Number:	CM14-0207481		
Date Assigned:	01/07/2015	Date of Injury:	12/09/2006
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

The injured worker is a 60-year-old female who reported an injury on 12/09/2006. The mechanism of injury was cumulative trauma. Her diagnoses include bilateral carpal tunnel syndrome with lateral epicondylitis, and recurrent left median neuropathy. Her past treatments have included splinting, medications, rest, dexamethasone injections, platelet rich plasma injections, and 5 previously authorized occupational therapy visits. Diagnostic studies include electrodiagnostic studies to the bilateral upper extremities and x-ray to the right elbow and MRI of the right wrist and hand. However the official reports were not reported within the submitted documentation, with the exception of the electrodiagnostic study of the left upper extremity. Her pertinent surgeries include carpal tunnel surgery to the right in 2010 and to the left in 2012. On 09/18/2014 the injured worker presented with complaints of ongoing discomfort in her left hand and wrist with associated numbness, tingling, and weakness. Upon physical examination, some persistent focal tenderness was present directly over the left carpal tunnel with dysesthesias extending into the thumb and index finger as well as proximally into the forearm. Tinel, Phalen, and Durken signs were quite positive. All additional provocative testing in the left hand and wrist was negative. Sensation in the median innervated digits was decreased with 2 point discrimination now at greater than 12 mm in her left thumb and index finger and 8 mm in her left middle finger. 2 point discrimination in the ulnar innervated digits was 2 to 3 mm. The CAD's hand diagram was consistent with moderate probability for carpal tunnel syndrome. Her current medication regimen was not provided within the submitted documentation. The treatment plan included electrodiagnostic testing, a prescription for Dilaudid 2 mg, half tablet to 1 tablet 1 to 2 times per day as needed for pain exacerbations, continuation of home based exercise program, and a followup, and a quantitative urine drug screen was administered in office. A rationale for

the request was not provided within the submitted documentation. A Request for Authorization Form was not provided within the submitted documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 sessions of occupational therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for 9 sessions of occupational therapy is not medically necessary. The injured worker has a history of bilateral carpal tunnel syndrome with lateral epicondylitis. The California MTUS Guidelines do not recommend occupational therapy for carpal tunnel syndrome or the forearm, wrist, and hand. The injured worker presented on 09/18/2014 with left hand and wrist associated numbness, tingling, and weakness. Furthermore, the injured worker had a positive Phalen's sign. Additionally, the injured worker had an abnormal left upper extremity electrodiagnostic study. As such, the request as submitted does not provide evidence of medical necessity at this time. Additionally, the request as submitted did not clearly indicate what body part the occupational therapy was for. As such, the request for 9 sessions of occupational therapy is not medically necessary.