

Case Number:	CM15-0141300		
Date Assigned:	07/31/2015	Date of Injury:	12/05/2014
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old male, who sustained an industrial injury on 12-5-14. He reported pain in his bilateral wrists and hands. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included Tramadol, Omeprazole, an EMG study on 2-4-15, a right cubital injection on 5-6-15 and modified duty. As of the PR2 dated 5-27-15, the injured worker reports minimal left hand pain. He is one-week post-op repair of extensor tendon on the left ring finger. The treating physician noted that the wound is healing well and he removed the sutures from the left finger and applied steri strips. The treating physician requested hand therapy 2 x weekly for 6 weeks for bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 12 visits, 2 times a week for 6 weeks bilateral carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical/Occupational therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome-Physical medicine treatment.

Decision rationale: Hand Therapy 12 visits, 2 times a week for 6 weeks bilateral carpal tunnel is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The MTUS recommends up to 10 visits for general neuralgia/neuritis and up to 10 visits for myalgia/myositis. The MTUS states that evidence may justify 3 to 5 visits over 4 weeks up to 8 visits maximum for carpal tunnel syndrome post operatively . Both the MTUS and the ODG state to allow for fading of treatment frequency, plus active self-directed home PT. The ODG recommends 1-3 visits medical treatment over 3-5 weeks for carpal tunnel syndrome. The documentation indicates that the patient has exceeded these guideline recommendations. The patient should be well versed in a home exercise program and there are not extenuating factors which necessitate 12 more supervised therapy visits therefore this request is not medically necessary.