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| Case Number: | CM15-0141671 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 04/16/2012 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 06/26/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female who sustained an industrial injury on 4-16-12. She had complaints of bilateral hand/wrist pain. Diagnostic testing includes: x-ray and EMG study. Treatments include: medication, injections, physical therapy and right and left carpal tunnel release. Office visit report dated 6-5-15 reports continued complaints of pain and discomfort. She is status post bilateral carpal tunnel release and is still very symptomatic. Diagnoses include: carpal tunnel syndrome stable. Plan of care includes: request authorization for physical therapy and occupational therapy each 2 times per week for 6 weeks. Work status: continue with restrictions. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy (all modalities) two times six weeks for bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in April 2012 and is being treated for bilateral wrist pain. She underwent a right carpal tunnel syndrome in February 2014 and a right carpal tunnel release in September 2014. When seen, there was positive Tinel and Phalen testing. There was weakness. Authorization for physical therapy and occupational therapy was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the post-operative treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of therapy was likely to be effective. The request was not medically necessary.

Physical therapy (all modalities) two times six weeks for the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in April 2012 and is being treated for bilateral wrist pain. She underwent a right carpal tunnel syndrome in February 2014 and a right carpal tunnel release in September 2014. When seen, there was positive Tinel and Phalen testing. There was weakness. Authorization for physical therapy and occupational therapy was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the post-operative treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of therapy was likely to be effective. The request was not medically necessary.