

Case Number:	CM15-0180478		
Date Assigned:	09/22/2015	Date of Injury:	08/08/2014
Decision Date:	10/26/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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 54 year old female, who sustained an industrial injury on 8-8-2014. She reported developing bilateral hand numbness, tinging and weakness from repetitive use. Diagnoses include bilateral carpal tunnel syndrome, status post right carpal tunnel release 4-28-15, and status post left carpal tunnel release in 12-9-14. Treatments to date include activity modification, splinting, anti-inflammatory, NSAID, physical therapy, and cortisone injections. Currently, she complained of ongoing pain on the right wrist and numbness of bilateral hands. On 8-18-15, the physical examination documented tenderness in the right wrist. There was a positive Tinel's and carpal compression test on the right side. The plan of care included additional occupational therapy. The appeal requested authorization for six (6) occupational therapy sessions to the right wrist-hand, twice a week for three weeks. The Utilization Review dated 8-25-15, denied the request indicating that the available records did not support medical necessity per the California MTUS Postsurgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy to the right wrist/hand 2 times a week for 3 for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The claimant has a history of a cumulative, work injury with date of injury August 2014 and underwent left carpal tunnel release surgery in December 2014 and a right carpal tunnel release in April 2015. When seen, she was having right-sided aching pain and numbness in both hands. Physical examination findings included normal range of motion and the absence of tenderness with normal strength and sensation. Carpal compression testing was positive bilaterally. Authorization for an additional six occupational therapy treatment sessions was requested. From 06/22/15 through 07/13/15 the claimant attended six therapy sessions. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. In this case, the claimant has already had post-operative physical therapy and had undergone the same procedure in December 2014. There was no impairment of strength, range of motion, or sensation and the reported complaints and positive physical examination findings would not be expected to respond to further treatments. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.