

Case Number:	CM15-0186583		
Date Assigned:	10/06/2015	Date of Injury:	08/14/2014
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial-work injury on 8-14-14. He reported initial complaints of bilateral arm and wrist pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included medication, activity modification, cortisone injection to the cubital tunnel, and surgery (right endoscopic carpal tunnel release, right ulnar nerve release at the elbow), and diagnostics. Currently, the injured worker complains of paresthesia and numbness in both hands along with pain extending from the palms to the forearms. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted numbness of digits of the right hand is resolved, incisions healed well status post right carpal tunnel surgery and cubital tunnel release, nearly composite fist, mild edema of the right hand. Current plan of care includes occupational therapy for the right wrist and surgery for the left wrist when recovered from the right. The Request for Authorization requested service to include Initial occupational therapy three times a week for four weeks for the right hand. The Utilization Review on 9-8-15 modified the request for Initial occupational therapy for the right hand to 10 sessions, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Postsurgical Treatment 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial occupational therapy three times a week for four weeks for the right hand: 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, Elbow & Upper Arm.

Decision rationale: Review indicates the patient is s/p right endoscopic carpal tunnel and cubital tunnel release on 8/6/15. Report of 8/27/15 noted the patient doing "great" and will start occupational therapy, remaining TTD. Request for OT post-op was modified for initial 10 sessions. The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first initial trial visits as prolonged therapy without functional benefit is not supported. Additionally, Postsurgical treatment course include recommendation for 20 total PT visits over 3 month period for cubital tunnel release procedure with an initial half number of 10 visit trial with further consideration pending documentation of functional improvement. Submitted reports have not adequately documented support for the above request outside the guidelines criteria and recommendations. There is no new information or reports documenting functional improvement from the post-op PT visits rendered to support further therapy. The patient had 10 post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The Initial occupational therapy three times a week for four weeks for the right hand is not medically necessary and appropriate.