

Case Number:	CM15-0197105		
Date Assigned:	10/12/2015	Date of Injury:	05/20/2015
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 injury May 20, 2015. Past history included diabetes, hypertension and sleep disturbance (difficulty falling asleep). According to a treating physician's progress report dated August 31, 2015, the injured worker presented with no acute changes to his pain condition. His left knee pain, rated 8 out of 10, is the worst body part at this time, with any movement, driving, getting up from a seated position and standing, aggravating the pain. He reports taking three tablet of Norco per day. He is scheduled for an MRI of his right shoulder later today and an appointment with another physician to discuss a CT scan of the left knee later this week. Objective findings included; gait antalgic, ambulated without assistance; left knee- tenderness to palpation over the anterior and medial joint line, range of motion decreased by 15% with flexion, anterior and posterior drawer tests were negative. No examination of the hands wrists noted. Diagnoses are carpal tunnel syndrome; pain in joint lower leg, status post right arthroscopy, left arthroscopy, and unicompartmental arthroplasty. At issue, is the request for authorization dated September 17, 2015 for (12) sessions of hand therapy. Nerve Conduction-Needle Electromyogram report dated August 3, 2015,(report present in the medical record) impressions; evidence of probably the borderline demyelinating dominated peripheral polyneuropathy of bilateral upper limbs; evidence of bilateral median nerve entrapment neuropathy at wrist affecting the right greater than left sensory and motor components with the right more than left sensory axonal loss; consistent with the right worse than left moderate to severe carpal tunnel syndrome; no evidence of bilateral cervical

radiculopathy. According to utilization review dated September 25, 2015, the request for Hand Therapy Quantity: (12) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: According to the documentation, hand therapy is being requested for the treatment of carpal tunnel syndrome. CA MTUS/ACOEM Guidelines are silent on occupational therapy for the diagnosis of carpal tunnel syndrome. The ODG, carpal tunnel section, reports there is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. ODG Physical Medicine Guidelines Allow for fading of treatment frequency, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Carpal tunnel syndrome: Medical treatment: 1-3 visits over 3-5 weeks. Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. As this request exceeds the recommended number of visits for the diagnosis of carpal tunnel syndrome, the request is not medically necessary.