

Case Number:	CM15-0028166		
Date Assigned:	02/20/2015	Date of Injury:	07/11/2013
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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 59 year old female who sustained an industrial injury on 07/11/2013. Diagnoses include status post left carpal tunnel release on 11/03/2014, and right carpal tunnel release on 03/31/2014. Treatment to date has included medications, and occupational therapy. A physician progress note dated 01/07/2015 documents the injured worker reports right hand/wrist/thumb pain rated 3-4 out of 10, with soreness in the thumb and small finger and left hand/wrist/thumb pain rated 7 out of 10 with weakness, numbness and tingling. Left wrist/hand has tenderness over the volar and dorsal aspect of the wrist, and tenderness along the triangular fibrocartilage complex of the wrist. She has positive Phalen's test, Durkan's median compression test. There is sensory loss of median nerve distribution. Treatment requested is for Occupational therapy for left hand/wrist; two to three (2-3) times per week for six (6) weeks. On 01/15/2015 Utilization Review non-certified the request for Occupational therapy for left hand/wrist; two to three (2-3) times per week for six (6) weeks, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, and California Medical Treatment Utilization Schedule (MTUS)- American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for left hand/wrist; two to three (2-3) times per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Occupational therapy for left hand/wrist; two to three (2-3) times per week for six (6) weeks is not medically necessary per the MTUS Post Surgical Guidelines. 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 evidence may justify 3 to 5 visits over 4 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The guidelines recommend up to 8 visits for this surgery. The documentation indicates that the patient has had prior therapy post op. There are no extenuating factors requiring an additional 12-18 occupational therapy visits which would exceed guideline recommendations. The MTUS recommends transition to an independent home exercise program. The request for additional occupational therapy is not medically necessary.