

Case Number:	CM15-0055412		
Date Assigned:	03/30/2015	Date of Injury:	10/10/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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:

This 38-year-old female sustained an industrial injury to bilateral upper extremities on 10/10/12. Previous treatment included bilateral upper extremity electromyography, physical therapy, medications and a brace. In a progress note dated 10/29/14, the injured worker complained of ongoing numbness and tingling to both hands. Physical exam was remarkable for bilateral wrists with positive Tinel's and intact sensation and motor exam, full range of motion in all digits of both hands and wrists and mild to moderate tenderness to palpation at the volar distal forearm bilaterally. Current diagnoses included bilateral carpal tunnel syndrome and flexor tenosynovitis. The treatment plan included requesting authorization for endoscopic carpal tunnel release and medications (Voltaren and Protonix).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Occupational Therapy 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15 and 16.

Decision rationale: The patient is a 38-year-old female with a possible right carpal tunnel syndrome. It does not appear that right carpal tunnel release has been certified. However, 3 x 4 (12) post-operative occupational therapy visits would exceed the recommended guidelines based on the following from page 15 and 16 from post-surgical guidelines: 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, up to the maximums shown below. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Therefore, post-operative occupational therapy visits of 12 should not be considered medically necessary.