

Case Number:	CM15-0064741		
Date Assigned:	04/13/2015	Date of Injury:	08/17/2012
Decision Date:	07/31/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 64-year-old female who sustained an industrial injury on 08/17/2012. Diagnoses include carpal tunnel syndrome, status post release; stenosing tenosynovitis along the A1 pulley of the right long finger, status post release; stenosing tenosynovitis along the A1 pulley of the right thumb; stenosing tenosynovitis along the right index and little finger; and chronic pain syndrome. Treatment to date has included medications, physical therapy and TENS unit. According to the progress notes dated 4/28/15, the IW reported right hand pain. The pain radiated from the fingertips to the right shoulder. (Although the notes refer to the left side of the body at times, the injured body part affects the right side; it is assumed reference to the left side is an error.) The IW had refused injections into the index and small fingers. She attended the last of 12 physical therapy sessions for the right hand in 11/2014. On examination, there was tightness of the flexors of the long finger and difficulty reaching the palm, indicating therapy was needed. Mild tenderness along the A1 pulley and some tightness to flexion was noted, without gross triggering. Tinel's sign was positive at the wrist with tenderness along the carpal tunnel area. Electrodiagnostic testing 11/6/12 was consistent with right carpal tunnel syndrome; carpal tunnel release surgery was performed 1/14/13. A request was made for occupational therapy two times a week for three weeks, in treatment of the right wrist and hand (quantity: 6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right wrist and hand, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment and Other Medical Treatment Guidelines MD Guidelines, Carpal Tunnel Syndrome.

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "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..." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. The request number of session is in excess of the guidelines. ODG states "Recommended as indicated below. 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. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. See also more specific physical therapy modalities. 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 (ICD9 354.0): 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". The medical documentation provided indicates this patient has attended at least 12 post op physical therapy sessions. The treating physician has not provided documentation of objective functional improvement from the previous therapy to warrant additional therapy. The patient is past the post-operative phase, medical treatment for CTS allows for 1-3 visits over 3-5 weeks. As such, the request for Occupational therapy for the right wrist and hand, twice weekly for three weeks is not medically necessary.