

Case Number:	CM15-0087846		
Date Assigned:	05/12/2015	Date of Injury:	06/09/2014
Decision Date:	06/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/07/2015

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 is a 53-year-old female patient who sustained an industrial injury on 06/09/2014. The first report of illness document reported subjective complaint of bilateral wrist pain. There is no change in the treating diagnoses. The plan of care noted the patient to undergo a course of physical therapy, magnetic resonance imaging of bilateral wrists, and obtain a urine toxicology screen. She was to remain off from work through 11/06/2014. A follow up visit dated 12/30/2014 described the patient being preoperatively evaluated for right carpal tunnel repair on 01/08/2015. She is with subjective complaint of worsening wrist pain. She did undergo left carpal repair on 09/2014. She is allergic to Codeine. She is diagnosed with right carpal tunnel syndrome and status post left tunnel release. On 01/08/2015 she underwent carpal tunnel repair right and will proceed with physical and occupational therapy post-operatively. She is to remain off from work until care is completed. A therapy session note dated 03/20/2015 reported the patient with subjective complaint of right hand stiffness, with difficulty opening jars and clenching fist. Her return to work date is 04/02/2015. The assessment noted the patient gaining range of motion and joint play but she would benefit from continued skilled mobilization of the right hand and finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 8 sessions, 2 times per week for 4 weeks, bilateral wrists, right hand:
Upheld

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

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 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 requested number of sessions is in excess of the guidelines. The previous reviewer modified the request and approved 4 additional sessions. As such, the request for Occupational therapy, 8 sessions, 2 times per week for 4 weeks, bilateral wrists, right hand is not medically necessary.