

Case Number:	CM14-0130755		
Date Assigned:	08/20/2014	Date of Injury:	05/25/2010
Decision Date:	11/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31-year-old woman with a date of injury of May 25, 2010. The mechanism of injury was reported to be repetitive type activities while she worked as a waitress. Her diagnoses include bilateral carpal tunnel syndrome (CTS), internal derangement of bilateral wrists, and right shoulder tendonitis and impingement. Nerve conduction studies were reported to be positive when evaluated on June 20, 2010. At this time, recommendations were made for carpal tunnel release surgery what would be performed in a staged manner. Bilateral wrist braces were also recommended. Therapy 2 or 3 times per week for 6 week were recommended along with medications. Right carpal tunnel surgery was performed February 11, 2012 along with median nerve neurolysis and flexor tenosynovectomy. She received no post-op therapy following her right carpal tunnel release surgery. The IW explains that there were tow insurance carriers fighting over liability, which slowed and obstructed the authorization process for necessary treatment. Similar surgery was performed on the left side on September 29, 2012 followed by 4 post-op sessions of therapy. A surgery consultation was performed on December 6, 2013 with findings suggesting a possible recurrence. The progress report dated July 30, 2014 indicated pain in the right palm. Objective findings revealed pain with pinching and described along the thenar crease with activities such as washing dishes and writing. Physical examination does not reveal abnormalities. Grip strength in kg force: Right: 19/20/19; Left: 30/27/25. The MRI of the right hand without contrast dated July 19, 2014 indicated normal results. The IW was diagnosed with right carpal tunnel syndrome, status-post release with persistent thenar pain. The primary treating physician is recommending rehabilitation with a hand therapist to help strengthen or stretch the thenar and intrinsic muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 12 Sessions, Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Physical Therapy, Carpal Tunnel Syndrome

Decision rationale: Pursuant to the California Chronic Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy, 12 sessions, three times per week for four weeks right-hand is not medically necessary. The guidelines state active therapy is based on the philosophy that therapeutic exercise and activity are beneficial to restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. . . . Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical medicine. The Official Disability Physical Therapy (PT) Guidelines provide frequency for PT. For carpal tunnel syndrome, recommended medical treatment is 1 to 3 visits over 3 to 5 weeks; postsurgical treatment (endoscopic) 8 visits over 3 to 5 weeks; and postsurgical (open) treatment is PT 3 to 8 visits over 3 to 5 weeks. In this case, carpal tunnel release surgery was performed over two years ago. There were few objective findings present in the right hand and wrist to specifically focus on an area of therapy for improvement. Repeat MRI right wrist was negative for soft tissue mass. Given the subjective nature of her symptoms, the lack of clear positive objective findings, the lack of any clear indication for physical therapy and a limit of 3 to 8 visits per the Official Disability Guidelines (ODG), the request for 12 sessions of physical therapy is not medically necessary.