

Case Number:	CM14-0141583		
Date Assigned:	09/10/2014	Date of Injury:	07/27/2011
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in Mississippi and Texas. 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 50 year-old male who reported a work related injury on 07/27/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of bilateral carpal tunnel syndrome. The past treatment has included physical therapy and medication. An x-ray dated 03/31/2014 showed no evidence of acute fracture or dislocation and no evidence of carpal tunnel syndrome bilaterally. However, an electrodiagnostic test dated 04/18/2014 revealed evidence of mild bilateral carpal tunnel syndrome with median sensory latencies across the wrists. Upon examination on 03/18/2014, the injured worker complained of bilateral wrist and hand pain with numbness and tingling. The injured worker had triggering of the thumb, index, and middle fingers bilaterally with loss of grip strength on the right side. It was also noted that he had difficulty gripping or lifting on the right side when pain increased and had increased pain with gripping, grasping, and lifting. There was tenderness on both radial tunnel areas, as well as both volar wrist and on both volar mid-palms. The Phalens test and median Tinel's sign were positive bilaterally; the reverse Phalens was negative on the left and positive on the right. The carpal tunnel compression test was positive bilaterally. Within the documentation it was noted that the injured worker was prescribed anti-inflammatory drugs. However, the specific name of the prescribed medication was not provided for review. The rationale for the request and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational therapy sessions for the bilateral wrist, forearm (2x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for 12 Occupational therapy sessions for the bilateral wrist, forearm (2x6) is not medically necessary. The California MTUS guidelines state that up to 10 visits of physical therapy may be supported to promote functional gains in injured workers with unspecified neuritis. Additionally, the guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Within the clinical there was no documentation outlining strength and range of motion deficits or details regarding the injured worker's treatment history and previous physical therapy. The injured worker had physical therapy with no documentation provided to show evidence of progression. In the absence of documentation showing objective functional gains made with previous visits and exceptional factors to warrant additional visits beyond the guideline recommendations, the request is not supported. As such, the request for 12 Occupational therapy sessions for the bilateral wrist, forearm (2x6) is not medically necessary.