MAXIMUS Federal Services

Case Number:	CM14-0096248		
Date Assigned:	07/25/2014	Date of Injury:	12/20/1999
Decision Date:	10/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 General Surgery, has a subspecialty in Surgical Critical care and is licensed to practice in 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 40 year old female who was reportedly injured on 12/20/1999. Diagnoses include trapezius and parascapular strain, bilateral forearm tendinitis, bilateral carpal tunnel syndrome, right radial tunnel syndrome and possible fibromyalgia. Last progress report dated 05/27/2014 notes the injured worker having ongoing severe neck and shoulder pain that improved after trigger point injections. Mild trapezial and parascapular tenderness on the right. The Tinel's sign and Phalen's test are positive at the carpal tunnels bilaterally. There was slight radial tunnel tenderness on the right. The Tinel's sign and elbow flexion test are negative. Grip strength is diminished. A request was made for Occupation Therapy Bilateral carpal tunnel syndrome 2x6 and was not certified on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupation Therapy Bilateral CTS 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 93-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Physical medicine treatment

Decision rationale: This is a 40 year old claimant with reported industrial injury with Date of injury of 12/20/1999. The claimant has been afforded 24 sessions of physical therapy and 12 sessions of Occupational therapy. The claimant has Tinel's and Phalen's testing positive and radial tunnel tenderness. The request is for 2x6 sessions of Occupational therapy. The claimant should be able to do just as well with a self directed Home exercise program. Additional monitored care will only engender therapist dependence. Both ACOEM and ODG recommends fading of monitored care to transition to a self directed home exercise program. This request remains medically unnecessary.