

Case Number:	CM14-0097218		
Date Assigned:	09/23/2014	Date of Injury:	10/23/2012
Decision Date:	10/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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:

This individual is a 45 year old female with a 10-23-12 date of industrial injury. She has been previously diagnosed with bilateral carpal tunnel syndrome. In examination of 6-11-14, which is noted on the utilization review but not included in the provided medical documentation, she complained of bilateral hand pain with intermittent numbness and tingling (subjective). She has attended hand therapy in the past with a generalized improvement in symptoms. Electrodiagnostic testing done 3-18-14 showed moderate recurrent to residual right carpal tunnel syndrome. She has decreased range of motion (ROM) and tenderness over the pillars with unchanged tingling and numbness (objective). Current medications: Jolivette, Omeprazole, Hydrocodone/acetaminophen, Lidocaine patch, budesonide, and Ultracet which have all been prescribed for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue hand therapy two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation 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 Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Carpal Tunnel Syndrome

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery." California 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". Continued visits should be contingent on documentation of objective improvement and long-term resolution of symptoms. Provided medical -documentation is very limited, but physician noted 7-23-14 that individual had a history of attending hand therapy, but no dates of service were provided, nor number of visits. Objective improvement of the aforementioned therapy sessions were also not charted, nor was the date of carpal tunnel surgery. Considering the lack of provided information, a continuation of hand therapy 2 times a week for 6 weeks is not medically necessary and appropriate.