

<b>Case Number:</b>	CM14-0119719		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Medicine, has a subspecialty in Medical Toxicology and is licensed to practice in West Virginia & Ohio. 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 42 year old female who was injured on the job, October 1, 2013. The injured workers symptoms appeared with pain in the left wrist, increasing at night making it difficult to sleep. Symptoms to the left hand worsened, numbness and tingling with a shocking sensation radiating from the palm to the hand and fingertips. The injured worker was diagnosed with left carpal tunnel syndrome via nerve conduction study. The injured worker was given a brace to wear on the left wrist, which offered no relief of the pain. The injured worker tried gabapentin but was unable to tolerate. The injured worker underwent carpal tunnel release on April 9, 2014. On April 29, 2014, cultures of the wound were taken. The wound was then irrigated and debridement was completed. The injured worker returned May 2, 2014 for a repeat examination and was admitted to the hospital for a postoperative infection. The injured worker underwent incision and debridement of the left wrist carpal tunnel site under general anesthesia. The injured worker was started on intravenous antibiotics via PICC line and was discharged home with IV antibiotics and PICC line for IV access for 14 days. The injured worker tried a TENS unit and H-wave therapy and pain medication to control pain. The injured worker remained out of work until June 28, 2014. After the injured worker returned to work she had increased pain in the left wrist, worse at night. The injured worker had a delay in occupational therapy secondary to postoperative infection. According to the UR the injured worker had completed eight sessions of occupational therapy. On June 25, 2014, the UR denied additional occupational therapy visits of 2 times a week for 4 weeks, according to the MTUS guidelines for postoperative carpal tunnel surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT 2x4 left hand /wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 98 and 99,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -wrist and Hand acute and chronic, ACOEM - pain and suffering, Restoration of function chapter.

**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 and 99,Postsurgical Treatment Guidelines Page(s): 15 and 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." This patient is noted to have received 8 OT visits post-surgery and pre-infectious complication. The guidelines are clear that OT visits beyond this are not justified for post-surgical care of carpal tunnel. However, the request seems to focus more on using the OT for the treatment of new onset trigger fingers, but the treatment notes state the trigger fingers responded to earlier therapy indicating there was treatment provided. Further the notes state the locking is localized to the A1 pulleys which are not in the vicinity of the surgical procedure that was performed. There is also no explanation of work relatedness of this process. As such the request for Occupational Therapy 2x4 is deemed not medically necessary.