

<b>Case Number:</b>	CM14-0214487		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female with a date of injury of 3/20/2009. She has been evaluated and treated of late primarily for her bilateral shoulder pain, having been found to have a torn right sided rotator cuff. She began to complain in September of 2014 of bilateral hand numbness and tingling which was worse at night. The physical exam revealed a positive Tinell's and Phalen's test bilaterally with possibly some mild right thenar eminence atrophy. Electrodiagnostic studies from 10-27-2014 revealed mild, median nerve compression consistent with carpal tunnel syndrome. She has been treated with night splints and a variety of pain and anti-epileptic medication, primarily for shoulder and lower extremity radicular complaints. At issue is a request for occupational therapy for the hands bilaterally twice a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2X3 Bilateral CTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal tunnel syndrome

**Decision rationale:** There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. The Official Disability Guidelines allow for 1-3 occupational therapy visits over 3-5 weeks. In this instance, the requested total number of visits is six, thus exceeding the recommendations. Therefore, occupational therapy two times weekly for 3 weeks is not medically necessary with reference to the stated guidelines.