

Case Number:	CM15-0109638		
Date Assigned:	06/16/2015	Date of Injury:	09/26/2013
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 46 year old female, who sustained an industrial injury on 9/26/13. The injured worker has complaints of pain and tightness in her right shoulder and irritation in her wrist when she wears bracelets to work. The documentation noted that there is minimal wrist tenderness bilaterally. The diagnoses have included carpal tunnel syndrome; lateral epicondylitis elbow and medial epicondylitis of elbow. Treatment to date has included left hand carpal tunnel decompression; right carpal tunnel decompression; topical pain ointment; physical therapy and occupational therapy. The request was for occupational therapy additional one to two times a week for four weeks, in treatment of the bilateral wrists, quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy additional one to two times a week for four weeks, in treatment of the bilateral wrists, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Physical Therapy (PT); Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Occupational Therapy additional one to two times a week for four weeks, in treatment of the bilateral wrists, QTY: 8 is not medically necessary per the MTUS Guidelines. The MTUS Post surgical guidelines state that there is 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, up to the maximum 8 visits. The patient is out of the post surgical period. The documentation indicates that she has had prior therapy after the CTS surgery. There are no extenuating circumstances which would necessitate 8 more supervised therapy sessions. The MTUS encourages a transition to an independent home exercise program. The request for 8 more sessions is not medically necessary.