

Case Number:	CM15-0012040		
Date Assigned:	01/30/2015	Date of Injury:	09/10/2011
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/22/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male who sustained a work related injury to his neck and shoulders while unloading pallets as a food clerk on September 10, 2011. Right rotator cuff repair was performed on August 24, 2012. The injured worker subsequently underwent arthroscopy debridement, lysis of adhesions, and removal of foreign body suture and manipulation of the right shoulder on February 17, 2013. A left open carpal tunnel release with left wrist extensive flexor tenosynovectomy was performed on October 24, 2014 followed by physical therapy. The injured worker was diagnosed with synovitis and tenosynovitis, post-op carpal tunnel syndrome, left C5, C6 and C7 radiculopathy per electrodiagnostic testing and a left 5mm paracentral disk bulge at C5-6 and left 3mm paracentral disk bulge at C6-7. No current medications were noted. Along with the above surgical procedures, treatment modalities consist of 3 cervical epidural steroid injections (ESI), left carpal tunnel night splitting, left carpal tunnel steroid injection, chiropractic therapy occupational therapy and physical therapy. The injured worker is on temporary total disability (TTD). The treating physician requested authorization to continue Occupational Therapy x 8 sessions. On January 5, 2015 the Utilization Review denied certification for continued Occupational Therapy x 8 sessions. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Post-Surgical Treatment Guidelines Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational therapy Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

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. The request number of session is in excess of the guidelines. As such, the request for occupational therapy sessions for the right wrist, 8 additional visits is not medically necessary.