

Case Number:	CM15-0018384		
Date Assigned:	02/06/2015	Date of Injury:	01/06/2014
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey

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 32 year old female, who sustained an industrial injury on 01/06/2014. She has reported left hand/wrist pain. The diagnoses have included status post left carpal tunnel release; left cubital tunnel syndrome; and left forearm and wrist tendinitis. Treatments have included medications, physical therapy, occupational therapy, and surgical intervention. Surgical intervention has included left carpal tunnel release, performed on 12/04/2014. Currently, the IW reports that the pain and numbness in her left hand is improving with therapy. A progress note from the treating physician, dated 01/22/2015, reported objective findings to include slight tenderness over the left carpal tunnel scar; the Tinel's sign and elbow flexion tests are positive at the left cubital tunnel; and the Tinel's sign and Phalen's tests are negative at the carpal tunnels bilaterally. The treatment plan included continuation of occupational therapy twice weekly for the next 6 weeks to work on range of motion, modalities, and strengthening. On 01/29/2015 Utilization Review noncertified a prescription for continued postoperative occupational therapy 2 times a week for 6 weeks for the left wrist. The CA MTUS ACOEM was cited. On 01/30/2015, the injured worker submitted an application for review of Continued postoperative occupational therapy 2 times a week for 6 weeks for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued postoperative occupational therapy 2 times a week for 6 weeks for the left wrist.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that the evidence may justify 3 to 8 sessions of physical or occupational therapy over 5 weeks after surgery (carpal tunnel release). 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 therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. In the case of this worker, she had already surpassed the recommended number of sessions of occupational therapy (12), and although she had a small degree of remaining weakness afterwards, there was no indication that she was unable to continue therapy at home unsupervised. Therefore, the additional occupational therapy will be considered medically unnecessary.