

Case Number:	CM15-0117925		
Date Assigned:	06/26/2015	Date of Injury:	06/03/1998
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

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

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 61 year old female, who sustained an industrial injury on 6/3/1998. Diagnoses have included stenosing tenosynovitis of the left thumb, bilateral cubital tunnel syndrome, cervical osteoarthritis, scaphotrapezoid osteoarthritis, carpal tunnel syndrome on the left and recurrent carpal tunnel syndrome on the right. Treatment to date has included surgeries, physical therapy and splinting. According to the progress report dated 5/18/2015, the injured worker complained of persistent numbness and tingling in the left hand. She was reportedly much better after having had a shot in the thumb. Left symptoms were controlled by a night splint; without the splint she had marked numbness and tingling. Objective findings revealed right Phalen positive and left positive after thirty seconds. The treatment plan was for carpal tunnel release on the left. Authorization was requested for eight occupational therapy visits for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Occupational therapy visits, for the left wrist, no frequency or duration specified, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic) (updated 4/2/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for hand pain. When seen, she was having numbness and tingling affecting the wrists and hands. There was positive left Phalen's testing. Additional testing was ordered. Occupational therapy was requested. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend up to 3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and was not medically necessary.