

Case Number:	CM15-0118946		
Date Assigned:	06/29/2015	Date of Injury:	05/26/2010
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 51-year-old female, who sustained an industrial injury on 05/26/2010. She has reported injury to the right wrist/hand and left wrist/hand. The diagnoses have included bilateral carpal tunnel syndrome, cubital tunnel syndrome, and repetitive strain injury; and status post left carpal tunnel release with moderate scar tissue sensitivity, symptomatic. Treatment to date has included medications, diagnostics, bracing, injection, occupational therapy, and surgical intervention. Medications have included Norco, Flexeril, Omeprazole, Vicodin, and Lodine. A progress note from the treating physician, dated 06/03/2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues to have discomfort into the left palm; she is status post left hand carpal tunnel release, performed on 05/01/2015; and she has been able to tolerate a course of therapy well. Objective findings included a significant degree of scar tissue thickening noted to the volar aspect of the left palm with tenderness to palpation; and she is otherwise neurovascularly intact. The treatment plan has included the request for associated surgical service: post-operative occupational therapy for the left wrist and hand, 2 times a week for 3 weeks, quantity: 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-operative occupational therapy for the left wrist and hand, 2 times a week for 3 weeks, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The California MTUS notes that, there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome and, carpal tunnel release surgery is a relatively simple operation that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10), 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). In this case a June 1, 2015 occupational therapy note documents 5 sessions have been completed since the carpal tunnel release surgery. The requested additional 6 sessions exceeds guidelines.