

Case Number:	CM15-0173368		
Date Assigned:	09/15/2015	Date of Injury:	02/23/2012
Decision Date:	11/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/02/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male who sustained an industrial injury on 2-23-12 from a pulling incident resulting in immediate pain in the neck, low back and bilateral hands. The medical records indicate that the injured worker is being treated for lumbar radiculopathy; lumbar facet syndrome; cervical strain; carpal tunnel syndrome, status post left carpal tunnel release (5-6-15) and right endoscopic tunnel release (6-17-15). He currently (8-21-15) was checked for neck, back and bilateral wrist pain. The pain level has decreased since his last visit to 4 out of 10 with medications and 7 out of 10 without medications. He reports medications are effective. His sleep quality is poor. On physical exam of the both wrists there was a positive Tinel's sign, tenderness to palpation over the radial, ulnar and volar aspects of the wrists. Motor testing was limited by pain, light touch sensation was decreased on both hands. He currently (8-20-15 hand therapy note) has completed 11 sessions of hand therapy to the left hand and with a dull pain at the base of the left palm. His pain level was 3-4 out of 10. He experiences palm pain when he tries to do a push up against a wall, with twisting, grasping and lifting. His pain is decreasing and function is increasing per therapy (8-20-15) note. He has ongoing mild problems with activities of daily living in the area of dressing, turning a key, carrying luggage, washing his back, household chores, laundry and moderate problems with opening a jar. Diagnostics included electromyography-nerve conduction study of bilateral upper extremities (2-13-13) showing evidence of chronic left and right distal median nerve neuropathy at the wrist without denervation. Treatments to date include status post left carpal tunnel release (5-6-15); home exercise program; physical therapy for pain relief (per the 8-21-15 note); acupuncture with

benefit; transcutaneous electrical nerve stimulator unit with benefit; medications: Prilosec, Flexeril, Naprosyn, Lyrica, Celexa. The request for authorization dated 8-24-15 was for continued hand therapy 1 time per week for 6 weeks. On 8-31-15, Utilization Review, non-certified the request for continued post-operative therapy 1 time per week for 6 weeks to the left hand-wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Continued Post-Operative Occupational Therapy 1 Time a Week for 6 Weeks for the Left Wrist/Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: MTUS post-surgical treatment guidelines for carpal tunnel syndrome recommend at most 8 PT or OT visits over 5 weeks. These guidelines state specifically that there is minimal evidence to justify significant PT or OT after this surgery, that benefits need to be documented after the first week, and that prolonged therapy visits are not supported. Thus the treatment guidelines would require very specific and well-reasoned clinical decision-making to support additional therapy exceeding these guidelines; such a rationale has not been provided in this case. This request is not medically necessary.