

Case Number:	CM15-0173838		
Date Assigned:	09/15/2015	Date of Injury:	01/12/2012
Decision Date:	10/22/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
 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 39 year old male, who sustained an industrial-work injury on 1-12-12. A review of the medical records indicates that the injured worker is undergoing treatment for left carpal tunnel syndrome, right carpal tunnel syndrome status post right carpal tunnel release, and right and left rotator cuff syndrome. Treatment to date has included pain medication, cortisone injection left hand with short period of relief of pain, right carpal tunnel release, open reduction internal fixation (ORIF) left forearm, and physical therapy at least 4 sessions, and other modalities. Medical records dated (2-26-15 to 8-19-15) indicate that the injured worker complains of pain and numbness in both hands, left worse than the right. The pain and numbness is a daily complaint in the left hand and it also awakens him at night. He also commonly lacerates the left hand and does not feel it. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 2-26-15 the injured worker has returned to work with full duties. The physical exam dated from reveals positive Tinel's sign left wrist, positive Phalen's sign left wrist, positive compression sign left wrist, and decreased sensation to light touch thumb index long finger. The plan was to proceed with left carpal tunnel release surgery. The physician indicates in the medical record dated 2-26-15 that the EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 2-14-12 demonstrates severe right carpal tunnel and moderate to severe left carpal tunnel syndrome. The original Utilization review dated 8-21-15 non-certified a request for Post op occupational therapy 2 times a week for 6 weeks for the left wrist as the 12 visits exceed the recommended guidelines

of an initial 4 sessions. A request was already authorized for post-op therapy 4 sessions; therefore further sessions are not appropriate at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op occupational therapy 2 times a week for 6 weeks for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient has ongoing complaints of pain and numbness in both hands, with left worse than right. The current request for consideration is Post-Op occupational therapy. The attending physician report dated August 19, 2015 indicates the patient has failed at conservative management and NSAID therapy, corticosteroid injections, activity modifications, and physical therapy. He requests endoscopic carpal tunnel release on the left wrist. MTUS Post-Surgical Guidelines: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. The MTUS post-surgical guidelines recommend 3-8 sessions. The MTUS postsurgical guidelines state that if physical medicine is necessary post surgically then the initial course of therapy is one half of the total post surgical therapy visits. In this case, the request for 12 sessions of post-op occupational therapy exceeds the recommended guidelines of an initial 4 sessions of post-surgical therapy. As such, the request is not medically necessary, as it is inconsistent with the MTUS Post-surgical guidelines.