

Case Number:	CM15-0174483		
Date Assigned:	09/16/2015	Date of Injury:	09/29/2011
Decision Date:	10/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 41 year old female, who sustained an industrial injury on 9-29-2011. The injured worker was diagnosed as having hand pain, carpal tunnel syndrome, and muscle spasm. The request for authorization is for: 6 post-operative occupational therapy visits. The UR dated 9-1-2015: certified the request for one nerve block and one right carpal tunnel release, and modified certification of 4 post-operative occupational therapy visits. On 7-28-2015, she is noted to have completed more than 24 sessions of therapy. On 8-6-2015, she reported pain to the upper back, and right hand. She rated her pain with medications as 8 out of 10 and without medications 9 out of 10 on a pain scale. She reported "no new problems or side effects". She also reported poor sleep and trying physical therapy. The provider noted she "has continued hand therapy with moderate pain relief". Objective findings revealed tenderness in the neck, spasms and trigger points in the right upper trapezius, no tenderness in the thoracic spine area, trigger point in the right trapezius, restricted neck movement, tenderness in the right elbow, restricted range of motion of the right wrist, positive Tinels sign, negative Phalen's sign, tenderness to the right 1st carpometacarpal joint, tenderness over then right thenar eminence, decreased strength on the right. She is not working. On 8-12-2015, she was previously seen on 7-28-2015 and given a diagnostic injection in the right carpal tunnel. She is reportedly to return to the office in 2 weeks for evaluation of that injection. On 8-25-2015, she was reported to have been given a diagnostic injection into the right carpal tunnel, which gave her "almost complete relief" after 2 days. She has reportedly "failed conservative treatment." She reported associated symptoms of trigger thumb and middle finger triggering. The treatment and diagnostic testing to date has included:

diagnostic injections, electrodiagnostic studies (3-14-2014), physical therapy for the hand, medications, AME (4-2013 and 11-2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy x 6 visits: 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: The patient is a 41 year old who was certified for a right carpal tunnel release. Therefore, postoperative physical therapy is necessary based on the following guidelines: From page 15 and 16, Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. 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. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months; Postsurgical treatment (open): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 6 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 4 visits would be consistent with these guidelines.