

Case Number:	CM15-0176229		
Date Assigned:	09/17/2015	Date of Injury:	05/28/2013
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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 40 year old female, who sustained an industrial injury on May 28, 2013. Medical records indicate that the injured worker is undergoing treatment for cervical spine sprain-strain, cervicalgia, right upper trapezius and levator sprain and right carpal tunnel syndrome. The current work status was not identified. Current documentation dated August 10, 2015 notes that the injured worker reported right hand pain and neck pain. The injured worker was status-post right carpal tunnel release on 4-16-2015. Examination of the right hand revealed normal wrist and finger range of motion. Sensation was diminished in the right thumb, index and long fingers. The treating physician noted that the injured workers right carpal tunnel syndrome symptoms were improving. The injured worker was receiving occupational therapy (10) which was noted to have helped; the injured worker was able to use her right hand more. Treatment and evaluation to date has included medications, MRI of the wrist (2014), electrodiagnostic studies (2014), wrist splints, injection, physical therapy (6), chiropractic treatments to the neck, occupational therapy and a right carpal tunnel release. X-rays of the right wrist were performed during the visit and were noted to be normal. Current medications include ibuprofen. Medications and treatments tried and failed include Gabapentin and an injection (1-12-2015). Current requested treatments include a request for additional occupational therapy times eight sessions for the right hand. The Utilization Review documentation dated August 12, 2015 non-certified the request for additional occupational therapy times eight sessions for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy times 8 sessions for the right hand: 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 claimant sustained a work injury in May 2013 and underwent an endoscopic right carpal tunnel release on 04/16/15. As of 07/06/15, there had been 10 post-operative occupational therapy treatments. When seen, there was normal wrist and finger range of motion. There was decreased thumb strength with pain. Grip strength testing was inconsistent. There was decreased first through third finger sensation. Additional physical therapy was requested. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. In this case, the claimant has already had post-operative physical therapy in excess of what is expected after this surgery. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.