

Case Number:	CM15-0074000		
Date Assigned:	04/24/2015	Date of Injury:	06/10/2013
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 female with an industrial injury dated June 10, 2013. The injured worker diagnoses include right carpal tunnel syndrome, trigger finger, and primary osteoarthritis of first carpometacarpal joint of left hand. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/12/2015, the injured worker reported bilateral wrist pain and forearm pain. Objective findings revealed bilateral tenderness over the finger flexors in the palm, tenderness over the finger flexors at the wrist and pain with stretch of the finger flexors, preferably to the wrist and forearm bilaterally. The treating physician's impression was flare-up of bilateral wrist and forearm flexor tenosynovitis. The treating physician prescribed occupational therapy for right wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Right Wrist/Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation MD Guidelines, Carpal Tunnel Syndrome.

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite 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. MTUS continues to specify maximum of 3-8 visits over 3-5 weeks. MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. The request number of session is in excess of the guidelines. As such, the request for occupational therapy sessions for the right wrist, 3 times per week for 4 weeks is not medically necessary.