

Case Number:	CM15-0074530		
Date Assigned:	04/24/2015	Date of Injury:	10/29/2012
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 (n) 48-year-old female, who sustained an industrial injury on 10/29/12. She reported pain in her neck and bilateral upper extremities related to repetitive stress. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included an EMG/NCV study, physical therapy, and left carpal tunnel release and pain medications. As of the PR2 dated 2/23/15, the injured worker reports soreness at surgical site. She is three days status post carpal tunnel release. The treating physician noted mild swelling and tenderness at the surgical site and full range of motion in all digits of the right hand. The treating physician requested occupational therapy, 12 sessions, 3 times weekly for 4 weeks, right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 12 sessions, 3 times weekly for 4 weeks, Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient presents with pain in the right wrist. The request is for occupational therapy, 12 sessions, 3 times weekly for 4 weeks, right wrist. The patient is status post carpal tunnel release, per operative report dated 02/20/15. The provided RFA is dated 03/17/15 and the date of injury is 10/29/12. The diagnoses include carpal tunnel syndrome and neuralgia, radiculitis. Per 03/16/15 report, physical examination revealed mild swelling and tenderness at the surgical site right proximal pain. The incision is well healed without infection. There is full range of motion in all digits right hand and wrist. Medications include Voltaren, Protonix and Ultram. The patient is temporarily very disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post-surgical guidelines, pages 16, 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. Treater has not provided a reason for the request. Per 03/16/15 report, treater states "continue therapy." According to the utilization review letter dated 03/24/15, the patient completed 4 post-operative sessions. MTUS recommends 3-8 visits for post-carpal tunnel release. An additional 12 sessions of therapy would exceed MTUS guidelines. Therefore, the request IS NOT medically necessary.