

Case Number:	CM13-0004045		
Date Assigned:	06/27/2014	Date of Injury:	04/12/2012
Decision Date:	08/05/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who was injured on April 12, 2012. The patient continued to experience pain and numbness to her both hands. Diagnoses included bilateral carpal tunnel syndrome. Treatment included carpal tunnel release for each upper extremity. The left carpal tunnel release was performed on April 8, 2013. Request for authorization for urgent additional postoperative occupational therapy twice weekly for four weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT POST OP OCCUPATIONAL THERAPY 2XWK W 4WKS LFT WRIST:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: For carpal tunnel surgery, the recommended postsurgical treatment is 3-8 visits over 3-5 weeks with a postsurgical physical medicine treatment period of 3 months. In this case, the patient had received postoperative treatment for two months. The number of visits received is not specified. The requested number of treatments is eight which is the maximum

recommended. This would surpass the recommended maximum of eight visits. In addition, objective evidence is lacking with regards to functional improvement that has occurred. The request is not medically necessary.