

Case Number:	CM13-0010669		
Date Assigned:	09/25/2013	Date of Injury:	10/11/2011
Decision Date:	01/24/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 physician 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 47-year-old female who reported an injury on 10/11/2011 with the mechanism of injury being continuous keyboarding. The patient was noted to have 12 sessions of physical therapy and was noted to have a carpal tunnel release on 01/07/2013. The patient indicated that the physical therapy helped somewhat. The diagnoses were noted to include right carpal tunnel syndrome, status post release 01/07/2013, left upper extremity with continued numbness, and left middle finger trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 6 for the bilateral hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: