

Case Number:	CM13-0012034		
Date Assigned:	03/19/2014	Date of Injury:	05/19/2011
Decision Date:	07/07/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehabilitation 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 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:

This is a patient with a date of injury of 6/5/06. A utilization review determination dated 8/9/13 recommends non-certification of occupational therapy. It notes that the patient underwent a carpal tunnel release on 6/14/13 and had been attending therapy. A 7/10/13 medical report identifies weakness and incision site sensitivity. On exam, there was unspecified weakness and (up arrow) motion. There was a recommendation to continue therapy. A 7/2/13 therapy visit notes mild ROM limitation at digits and 0-35 flexion and extension of the wrist. 1 visit had been completed and 3 authorized visits were left.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL OCCUPATIONAL THERAPY SESSIONS FOR THE LEFT 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): 10, 15-16.

Decision rationale: The MTUS Postsurgical Treatment Guidelines supports 3-8 therapy sessions following carpal tunnel release, with half that amount recommended initially. Within the

documentation available for review, the patient had completed a course of postoperative therapy, appearing to consist of 4 sessions. It appears that there were some remaining mild range of motion deficits and unspecified weaknesses. While a few additional sessions may be appropriate to transition the patient to an independent home exercise program, 8 additional sessions are not supported by the MTUS Guidelines. As such, the request is not medically necessary.