

Case Number:	CM13-0014041		
Date Assigned:	10/02/2013	Date of Injury:	11/14/2012
Decision Date:	01/27/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/20/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

This is a 39 year old female injured worker with date of injury 11/14/12. The injured worker complains of pain along the flexors of the wrist. She is diagnosed with carpal tunnel syndrome, pain in joint, hand, and enthesopathy of unspecified site. The MRI study 2/1/13 showed rotator cuff tendinitis, bursitis, and AC joint synovitis. The EMG study 3/2013 revealed no sign of peripheral nerve compression or proximal nerve compression. The injured worker has been treated with physical therapy, medical massage, steroid injection, and chiropractory. The date of UR decision was 7/22/13. The latest available medical documentation available for this review was dated 10/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two (2) times a week for six (6) weeks, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Section.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, pages 98- 99 recommends 9-10 visits over 8 weeks for cases of myalgia and myositis, unspecified. The Official Disability Guidelines (ODG) recommends that for Carpal tunnel syndrome: "Medical treatment: 1-3 visits over 3-5 weeks. Pain in joint: 9 visits over 8 weeks". The request for 12 OT sessions is not medically necessary as it is in excess of the 10 recommended by MTUS.