

Case Number:	CM13-0016445		
Date Assigned:	11/06/2013	Date of Injury:	10/11/2012
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehab and is licensed to practice in Oklahoma and Texas. 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 45-year-old male who reported an injury on 10/11/2012. The patient is currently diagnosed with cervical radiculopathy and carpal tunnel syndrome bilaterally. The patient was recently seen by [REDACTED] on 08/27/2013. The patient is status post left carpal tunnel release on 05/23/2013. The patient complained of numbness to the left wrist. Physical examination revealed an indurated scar at the left wrist. Treatment recommendations included continuation of current work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative OT two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

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

Decision rationale: The California MTUS Guidelines state initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic and open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The

postsurgical physical medicine treatment period is 3 months. As per the clinical notes submitted, the patient is status post left carpal tunnel release on 05/23/2013. There is documentation of the patient's participation in hand therapy from 06/06/2013 through 07/02/2013, to include 8 completed sessions. The patient continued to report persistent pain. Documentation of a significant functional improvement or exceptional factors was not provided. Therefore, continuation of treatment cannot be determined as medically appropriate. As such, the request is non-certified.