

Case Number:	CM13-0020418		
Date Assigned:	12/11/2013	Date of Injury:	09/26/2011
Decision Date:	01/27/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

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 rehabilitation, has a subspecialty in Interventional Spine, 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.

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 49 year-old female with a 9/27/11 injury date. She has been diagnosed with bilateral thoracic outlet syndrome left greater than right and status post left carpal tunnel release. The left carpal tunnel release was reported to be on 6/10/13, but the operative report is not available for this review. The IMR application shows a dispute with the 8/21/13 UR decision for occupational therapy 2x6 for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, twice per week for six weeks, for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. The records show the patient was scheduled for left CTR (carpal tunnel release) surgery on 6/10/13. The records show the patient had OT (occupational therapy) prior to the surgery for management of TOS. The UR letter states that 12 post-surgical OT sessions were approved for the left CTR and that the request for an

additional 12 sessions was denied. The OT notes show the initial evaluation for post-surgical therapy was on 6/27/13, there was no pain scales or baseline measurements, but the DASH (Disability of the Arm, Shoulder, and Hand) questionnaire was provided and the reported score was 42.5. This is between mild and moderate disability. The Postsurgical Guidelines for CTR recommends 3-8 visits as the general course of care and the initial course of care is half of this, or 1-4 sessions. The Chronic Pain Medical Treatment Guidelines states if there is documentation of functional improvement, then a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. The 6/27/13 OT note is followed by OT reports dated 7/1/13, 7/3/13, 7/8/13, 7/10/13. None of these OT notes in the initial course of care, document functional improvement, there are no range of motion measurements, or repeat DASH score. The request for occupational therapy, twice per week for six weeks, for the left wrist, is not medically necessary or appropriate.