

Case Number:	CM13-0022518		
Date Assigned:	11/13/2013	Date of Injury:	10/14/2011
Decision Date:	01/17/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family Practice and is licensed to practice in Georgia and North Carolina. 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 claimant is a 25 yo female with an unspecified injury on 10/14/2011 who had right carpal tunnel release surgery performed on 12/4/2012. She received occupational therapy (OT), after her surgery. The number of OT sessions she attended is unclear; only 5 of the originally approved 12 sessions are clearly documented in the record. She presented on 8/7/2013 with pain in right wrist. Documentation states that she "missed OT due to illness." The physical examination documented a well healed scar and a small mass over volar surface of right third finger. There was no documentation of functional status. The treating physician requested 3 session of OT per week for 3 weeks with a diagnosis of carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3x week x 3 week: 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): 15-16..

Decision rationale: The medical record describes right wrist pain 8 months after carpal tunnel release surgery. There is no documentation of failed surgery nor is there a diagnosis of a chronic

pain syndrome. The MTUS post-surgical guidelines state that there may be limited benefit to physical or occupational therapy after carpal tunnel surgery and that 3-8 sessions over 4 weeks may be justified in the first 3 months after surgery. The claimant was previously approved for 12 sessions of occupational therapy after her surgery and attended at least 5 of these sessions. The claimant is beyond the three month post surgical window for which MTUS supports occupational therapy after carpal tunnel surgery. The 12 previously approved sessions already exceed the recommended number of sessions after carpal tunnel surgery. Occupational therapy 3 times a week for three weeks for the right wrist is not medically indicated.