

Case Number:	CM13-0022557		
Date Assigned:	06/06/2014	Date of Injury:	05/25/2008
Decision Date:	07/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic Surgery 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:

The injured worker is a 45-year-old female whose date of injury is 05/25/2008. The mechanism of injury is described as cumulative trauma. She is status post right carpal tunnel release on 08/15/13. Electro-diagnostic study (EMG/NCV) dated 04/29/14 revealed abnormal nerve conduction studies compatible with bilateral median neuropathy at the wrist. Follow up evaluation dated 05/13/14 indicates she is having ongoing right sided cervical pain. On physical examination, there is minimal tenderness to palpation over the surgical areas of her carpal tunnel surgery on the right. She has mildly positive Tinels and Durkan's compression test. Spurling's maneuver still refers pain into the deltoid and mid scapular region on the right. Assessment is cervicogenic disc disease, right shoulder impingement, and improved numbness and tingling status post carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 OCCUPATIONAL THERAPY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for twelve occupational therapy visits is not recommended as medically necessary. The injured worker underwent carpal tunnel release in 2013 followed by at least four postoperative therapy visits. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided.