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| Case Number: | CM13-0022887 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 10/25/2011 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/11/2013 |

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, and is licensed to practice in Illinois. 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:

The patient is a 52-year-old who reported a work related injury on 10/25/2011, specific mechanism of injury not stated. The patient subsequently is status post right carpal tunnel release as of 07/02/2013 and the patient was recommended to undergo left carpal tunnel release. The patient had completed 6 postoperative occupational therapy visits per wrist. The most recent clinical note submitted for review dated 07/10/2013 reports the patient was seen under the care of [REDACTED] postoperative to carpal tunnel releases bilaterally. The patient reports increased pain and is requesting Norco. The provider documents the patient utilizes naproxen, Norco, Topiramate, amitriptyline, Advair, clonazepam, Hydroxyzine, hydrochlorothiazide, Omeprazole, and Senekal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2xwk/4wks in treatment to the left and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The clinical notes lack evidence to support continued supervised therapeutic interventions for this patient at this point in her treatment. There was no documentation submitted for review evidencing the patient's current clinical picture or physical exam findings status post the bilateral carpal tunnel releases and subsequent course of postoperative physical

therapy interventions. The clinical notes documentation the patient attended 6 sessions of physical therapy postoperatively for each wrist. Post-Surgical Treatment Guidelines support 3 to 8 visits postoperatively to a carpal tunnel release. Given the lack of documentation evidencing all of the above, the request for occupational therapy 2 times a week for 4 weeks in treatment to the left and right wrist is not medically necessary or appropriate. The request fo occupational therapy 2xwk/4wks in treatment to the left and right wrist is not medically necessary or appropriate.