

Case Number:	CM13-0024176		
Date Assigned:	12/04/2013	Date of Injury:	10/21/2012
Decision Date:	04/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/13/2013

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 Hand Surgery, and is licensed to practice in 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 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 patient is a 60-year-old female who reported an injury on 10/21/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with carpal tunnel syndrome and cervical spine sprain. A request for authorization was submitted by [REDACTED] on 08/16/2013 for postoperative occupational therapy for the right hand twice per week for 6 weeks. However, there was no physician progress report submitted by [REDACTED] on 08/16/2013. It is unknown whether the patient has recently undergone a right carpal tunnel release. The only documentation submitted for this review is a Primary Treating Physician Report dated 05/06/2013 by [REDACTED]. Physical examination revealed painful range of motion of bilateral hands, numbness and tingling, decreased range of motion, and positive Phalen's testing on the right. Treatment recommendations at that time included occupational therapy for the right hand, physical therapy to the cervical spine, and prescriptions for Anaprox, Ultram, and Biotherm cream. Documentation of a previous course of physical therapy was not provided

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) OUT PATIENT POST-OPERATIVE OCCUPATIONAL THERAPY FOR THE RIGHT WRIST/HAND.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 15-16.

Decision rationale: California MTUS Guidelines state the 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 carpal tunnel release includes 3 to 8 treatments over 3 to 5 weeks. The current request for 12 outpatient postoperative occupational therapy sessions exceeds guideline recommendations. It is also unknown whether the patient has undergone carpal tunnel release. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.