

Case Number:	CM13-0024711		
Date Assigned:	11/20/2013	Date of Injury:	10/26/2010
Decision Date:	02/06/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 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 49 year old female who reported an injury on 10/26/2010. The mechanism of injury was repetitive motion. The patient was diagnosed with carpal tunnel syndrome. The patient complained of pain, numbness, tingling, swelling and weakness to the bilateral hands. The patient underwent carpal tunnel release to the left wrist and right hand trigger finger release on 07/06/2013. The clinical documentation submitted for review indicated the patient was doing well post operatively but did have some discomfort. The patient continued to have a decrease in numbness and an increase in strength in the left hand and an increase in range of motion and strength in the right hand. The clinical documentation dated 08/12/2013 stated the patient had slow improvement with occupational therapy. The clinical documentation dated 10/07/2013 stated the patient had an increase in pain and numbness to bilateral wrists and hands. The patient has been treated with medication, acupuncture, and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times bilateral hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Medicine

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

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of increased pain, numbness, and tingling to the wrist. The patient is status post carpal tunnel release to the left wrist and trigger finger release to the right hand. The patient had 12 session of post-operative occupational therapy. CA MTUS does recommend occupational therapy for carpal tunnel syndrome at 3-8 visits over 3-5 weeks. However, there was no objective clinical documentation submitted for review to show functional deficits or improvement to justify the necessity of additional occupational therapy. As such, the request is non-certified