

Case Number:	CM13-0028535		
Date Assigned:	12/11/2013	Date of Injury:	12/10/2008
Decision Date:	01/31/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/24/2013

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 Orthopedic Surgery, is Fellowship Trained in Reconstructive Surgery and is licensed to practice in Texas and West Virginia. 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 patient is a 58-year-old female who reported an injury on 12/10/2008 sustained while working as an executive secretary. The patient had an endoscopic carpal tunnel release on the left wrist on 07/29/2013. Following the procedure, she participated in 4 visits of occupational therapy. Following those visits it was noted that she had some tingling in the thumb and index finger, but overall was improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional post-surgical occupational therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Postsurgical Treatment Guidelines state that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. It further states that the evidence may justify 3 to 5 visits over 4 weeks after surgery up to a maximum of 8 visits over 5 weeks. The postsurgical physical medicine period is noted to be 3 months following the surgery. The patient was noted to have previously participated in 4 visits of occupational therapy with reports of decreased pain and measured

increased range of motion. However, the request for 8 additional post-surgical occupational therapy visits exceeds the guidelines maximum of 8 visits following this procedure. Additionally, as the patient's surgery date was noted to be 07/29/2013, the patient's postsurgical physical medicine treatment period has ended. For these reasons, the request is non-certified.