

Case Number:	CM13-0031024		
Date Assigned:	12/04/2013	Date of Injury:	10/18/2011
Decision Date:	01/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/02/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois, Indiana and 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. 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:

This is a 56 year old female who reported an injury on 10/18/2011 due to moving a desk resulting in feeling pain and back "popping". Range of motion on examination of wrists, as reported on case management note 08/23/2013, demonstrated to be normal. The patient is status post open right carpal tunnel release; date of surgery is 07/11/2013. The patient reportedly has had 12 post-operative physical therapy sessions which started 07/17/2013. Initial physical therapy evaluation: positive Phalen's test and 2+ right palm tenderness. Physical therapy note, dated 10/15/2013: the patient reported right hand tingling at finger tips with pain 6-7/10, and 3+/5 strength. The patient also has been treated conservatively with medications, dynamic contrast therapy system, and sling. Medical note dated 08/05/2013: the patient showed functional deficits to be at 72.5% (severe) on a scale from 0-100% (0=minimal disability and 100=crippled).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy treatment to the right wrist and hand for 12 sessions, 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The request for Occupational hand therapy treatment to the right wrist and hand for 12 sessions, 2 times a week for 6 weeks is non-certified. This patient on physical exam showed positive orthopedic tests and severe functional deficits. The CA MTUS Guidelines recommend for post-surgical treatment (open): 3-8 visits over 3-5 weeks. The clinical information submitted showed that the patient has completed 12 sessions of therapy to date. The request for an additional 12 visits would exceed guideline recommendations. The patient should be able to perform a home exercise program at this time. As such, the request for Occupational hand therapy treatment to the right wrist and hand for 12 sessions, 2 times a week for 6 weeks is non-certified.