

Case Number:	CM13-0032235		
Date Assigned:	01/24/2014	Date of Injury:	09/26/2011
Decision Date:	03/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 Interventional Spine and is licensed to practice in California. 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 54 year-old female who was injured on 9/26/2011. On 6/24/13 she underwent left carpal tunnel release, and scar revision on the right palm. According to the 9/5/13 report from [REDACTED], the patient presents with numbness and tingling in the ulnar nerve distribution of both hands. There was slight clawing of the ulnar two digits of the left hand. The diagnoses included s/p bilateral endoscopic CTR and tenovagiotomy of the right middle finger; bilateral cubital tunnel syndrome. [REDACTED] recommends OT 3x4 and states the patient will need a minimum of 24 therapy visits following the left CTR on 6/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, left hand/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: On 9/5/13, the patient presents with paresthesia in both hands, and had undergone left endoscopic CTR on 6/24/13. The physician recommends 12 PT sessions and says the patient will required a minimum of 24 sessions for the endoscopic carpal tunnel release (CTR). The MTUS postsurgical guidelines for CTR give a postsurgical physical medicine

treatment timeframe of 3 months. At the time of the request, the postsurgical guidelines are applicable. MTUS/postsurgical guidelines state the general course of care for endoscopic CTR is 3-8 sessions, and the initial course of care is half of this. The PT notes show the patient has already had 7 therapy sessions. The request for 12 -24 sessions of therapy for carpal tunnel surgery combined with the sessions already provided will exceed the MTUS/Postsurgical treatment guidelines recommendations.