

Case Number:	CM13-0034033		
Date Assigned:	12/20/2013	Date of Injury:	12/01/2011
Decision Date:	02/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 57 year old female employee with date of injury of 12/1/2011. A review of the submitted medical records and utilization review indicate treatment for right carpal tunnel syndrome status post carpal tunnel release on 9/16/2013. Treatment plan at the time requested was three occupational therapy sessions a week for four weeks. The utilization review determination was rendered on 9/13/2013 recommending partial certification of five occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy sessions for the right wrist, 3 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational, Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks

after surgery . . ." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. As such, the request for occupational therapy sessions for the right wrist, 3 times per week for 4 weeks is not medically necessary.