

Case Number:	CM13-0038641		
Date Assigned:	12/18/2013	Date of Injury:	06/15/2011
Decision Date:	05/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 male general maintenance worker, who sustained an accepted industrial injury on 6/15/11 while loading a refrigerator onto a dolly. The patient underwent a right carpal tunnel release on 6/27/13, with eight (8) post-operative occupational therapy visits provided as of 8/7/13. The 8/7/13 occupational therapy report documented pain ranging from mild to moderate, with a slight loss of wrist flexion/extension, mild flexion weakness, negative nerve compression signs, and grip strength eighteen (18) kg on the right and thirty (30) kg on the left. The 9/10/13 treating physician report cited a resolution of all numbness and tingling following the carpal tunnel release surgery. The patient's primary concern was significant constant low back pain. The exam findings noted surgical incisions healing uneventfully, very little swelling, slight tenderness to palpation, full digital range of motion, and normal sensory function. The treatment plan recommended initiation of post-operative right hand therapy. The work status was reported as modified duty, with lifting and carrying not to exceed twenty (20) pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 3 X PER WEEK FOR 4 WEEKS ON THE RIGHT HAND:
Upheld

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

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

Decision rationale: The Postsurgical Treatment Guidelines suggest a general course of three to eight (3 to 8) post-operative visits over three to five (3 to 5) weeks during the 3-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after the completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The guidelines criteria have not been met for additional post-operative occupational therapy. The patient completed eight (8) sessions, with full range of motion, normalized sensation, good incision healing, slight tenderness to palpation, and functional strength. There is no documentation of a functional deficit relative to the right wrist/hand to support the medical necessity of additional post-operative treatment in excess of guideline recommendations. Therefore, this request for occupational therapy three (3) times a week for four (4) weeks for the right hand is not medically necessary.