

Case Number:	CM13-0040679		
Date Assigned:	12/20/2013	Date of Injury:	05/09/2013
Decision Date:	05/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 52 year old woman who sustained a work-related injury on May 9, 2013. Subsequently he developed with the chronic left wrist pain. Because of failure of conservative therapy, the patient underwent endoscopic carpal tunnel release and wrist arthroscopy with intraarticular shaving, debridement of the triangular r fibrocartilage and radioscaphoid joint. The patient was authorized for 12 sessions of postoperative physical therapy. However on September 25, 2013, the provider requested a note of 12 sessions of occupational therapy because of pain and stiffness in the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POST-OPERATIVE OCCUPATIONAL THERAPY FOR 12 SESSIONS, 2 TIMES WEEK FOR 6 WEEKS FOR THE LEFT WRIST: Upheld

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

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

Decision rationale: According to MTUS guidelines, 3-8 visits over 3-5 weeks are recommended after endoscopic carpal tunnel release. The provider recommendation exceeded what is allowed

by MTUS guidelines. The request for outpatient post-operative occupational therapy for 12 sessions, 2 times week for 6 weeks for the left wrist is not medically necessary.