

Case Number:	CM13-0041904		
Date Assigned:	12/20/2013	Date of Injury:	01/16/2012
Decision Date:	02/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, has a subspecialty in Reconstructive Surgery and is licensed to practice in 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:

The patient is a 35-year-old female who reported an injury on 01/16/2012, due to cumulative trauma while performing normal job duties. The patient developed right wrist carpal tunnel syndrome. The patient was initially treated with physical therapy that failed to resolve the patient's pain. Prior treatments included anti-inflammatory drugs, physical therapy, and splinting. The patient underwent an electrodiagnostic study that revealed mild bilateral carpal tunnel syndrome. The patient underwent right carpal tunnel release in 05/2013, followed by postoperative physical therapy. The patient's most recent clinical examination findings included Phalen's test positive at the bilateral wrists. The patient's diagnoses included bilateral carpal tunnel syndrome and status post right carpal tunnel release. The patient's treatment plan included left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times 8: 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 requested occupational therapy 2 times a week for 8 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is a surgical candidate for left carpal tunnel release. California Medical Treatment Utilization Schedule recommends up to 8 visits for the surgical intervention of carpal tunnel syndrome. Additionally, California Medical Treatment Utilization Schedule recommends an initial course of treatment of half the number of recommended visits to establish efficacy of the patient's treatment plan. Therefore, 4 visits of postsurgical physical therapy would be appropriate. The requested occupational therapy 2 times a week for 8 weeks exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested occupational therapy 2 times a week for 8 weeks is not medically necessary or appropriate.