MAXIMUS Federal Services

Case Number:	CM13-0043710		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2011
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 and Hand 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 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 50-year-old female who reported an injury on 05/12/2011. The patient was seen on 09/25/2013 for a followup on her bilateral carpal tunnel syndrome. The patient was noted to have a positive Spurling's, which gives her radiating pain from the neck down into the second and third digits of the hand, with positive bilateral Tinel's and good interosseous, APB, and EPL strength. The patient's carpal tunnel compression test was positive bilaterally for first, second, third, and half of fourth, with a positive Phalen's to the second and third digit, plus soreness in the wrist. Range of motion in the hand was intact; however, the patient stated she feels a subjective sense of swelling and fullness in the hands. The patient was seen most recently on 11/08/2013, whereupon it was noted the patient (after much discussion) has decide she does not want the carpal tunnel release procedure performed. Exam findings on that date noted the patient had relatively unchanged symptoms from the previous examination date.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY FOR THE WRISTS (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to California MTUS Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation provided for review references the patient having completed approximatley 12 sessions of physical therapy for both wrists, with 2 additional physical therapy sessions certified in 08/2012. It also states the patient has undergone acupuncture treatments in 2013. With the patient reportedly have exhausted the benefit of outpatient physical therapy sessions, per California MTUS Guidelines, additional sessions of occupational therapy would exceed maximum allowance. Furthermore, the patient should be able to progress to a home exercise program at this time. As such, the requested service is not deemed medically necessary and is non-certified.