

Case Number:	CM13-0047502		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2009
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, 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 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 43-year-old female who reported an injury on 10/19/2009 due to cumulative trauma to the bilateral wrists while performing normal job duties. The patient underwent an electrodiagnostic study that revealed the patient had moderate to severe bilateral carpal tunnel syndrome. The patient underwent right carpal tunnel release in 07/2013. The patient received postsurgical occupational therapy. The patient underwent left carpal tunnel release on 11/13/2013. The patient's diagnoses included status post left hand carpal tunnel syndrome surgery. The patient's treatment plan included pain medications for pain control and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested occupational therapy 2 times a week for 6 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is status post left carpal tunnel release and would benefit from occupational therapy. However, California Medical Treatment Utilization Schedule Postsurgical

Guidelines recommend 3 to 8 postsurgical therapy visits for carpal tunnel release. California Medical Treatment Utilization Schedule also recommends an initial course of therapy to include up to half the recommended number of visits. This would equal to 4 sessions of postsurgical occupational therapy to establish the efficacy of treatment. The requested 2 times a week for 6 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 6 weeks is not medically necessary or appropriate.