

Case Number:	CM13-0049553		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2010
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Illinois. 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 50-year-old female who reported an injury on 07/07/2010 due to repetitive trauma. The patient reportedly developed bilateral carpal tunnel syndrome. The patient underwent a second right carpal tunnel release in 01/2013 followed by a left carpal tunnel release in 08/2013. The patient was treated extensively with occupational therapy. The patient's most recent clinical evaluation reported the patient continued to have weakness in the bilateral hands that was exacerbated by repetitive work. Physical findings included grip strength of the right hand described as 20, 15, 20 and the left hand described as 15, 20, 20. The patient's diagnoses included status post left open carpal tunnel release and status post previous right open carpal tunnel release converted from previous endoscopic carpal tunnel release. The patient's treatment plan included additional occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Occupational Therapy x 12 for the left hand: Upheld

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

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

Decision rationale: The requested occupational therapy x12 for the left hand is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had extensive occupational therapy postsurgically. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation does provide evidence that the patient is participating in a home exercise program. However, the patient has developed weakness in the left hand. Therefore, a short course of occupational therapy to re-establish and re-educate the patient in a home exercise program would be appropriate. However, the requested occupational therapy for 12 visits would be considered excessive. As such, the requested occupational therapy x12 for the left hand is not medically necessary or appropriate.