

Case Number:	CM13-0052514		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2011
Decision Date:	05/19/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 51-year-old female who was injured in a work related accident on August 16, 2011. She sustained injuries to the bilateral upper extremities. She is currently with diagnoses of bilateral carpal tunnel and cubital tunnel syndrome. Electrodiagnostic studies from September 24, 2013 showed evidence of mild bilateral carpal tunnel syndrome, but no indication of cubital tunnel symptoms. At last clinical assessment of October 10, 2013, surgical intervention in the form of right wrist carpal tunnel release and right elbow ulnar nerve decompress was recommended. The request was certified by Utilization Review process. In regards to the above mentioned procedure, there is a current request for twelve sessions of initial occupational therapy. Cubital tunnel surgery was supported based on physical examination findings and failed conservative measures. It was stated that the physical examination was highly consistent with the diagnosis despite negative electrodiagnostic studies. As stated, there is a request for twelve sessions of physical therapy for the claimant's carpal and cubital tunnel postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST OPERATIVE OCCUPATIONAL THERAPY SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post Surgical Treatment Guidelines, physical therapy treatments following surgical intervention would include three to eight visits for the carpal tunnel and up to twenty visits following cubital tunnel visits. The specific request for twelve sessions for occupational therapy to initially be performed following the claimant's dual procedure would be supported. The request for twelve sessions of therapy would necessitate Guidelines for cubital tunnel release procedure that would recommend up to twenty sessions as stated.