

Case Number:	CM13-0059165		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2011
Decision Date:	05/19/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 37-year-old who injured his upper extremities on 10/15/11. Specific to the right wrist the documentation indicates an open carpal tunnel release on 10/01/13. The follow-up clinical report of 10/29/13 documents that the claimant had been prescribed eight sessions of post-operative physical therapy. Follow-up clinical assessment on 11/08/13 with the treating surgeon noted continued intermittent numbness involving the medial distribution of the right wrist. Objective findings on examination showed a well healed incision, good range of motion of the digits and full sensation. The recommendation was made for eight additional sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED POST OPERATIVE OCCUPATIONAL THERAPY RIGHT WRIST 2 TIMES 4 QTY: 8.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 5TH EDITION (WEB), 2007, CARPAL TUNNEL-PHYSICAL THERAPY AND POST OP REHABILITATION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES,

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, eight additional sessions of occupational therapy cannot be recommended as medically necessary. The claimant has already been authorized eight sessions of occupational therapy following the time of his carpal tunnel release in early October 2013. The Postsurgical Rehabilitative Guidelines recommend three to eight physical therapy sessions over three to five weeks in a three month treatment period following open carpal tunnel release. The claimant's most recent physical examination does not identify any objective findings to support the need for additional therapy. The request for eight additional sessions in this instance would exceed the Postsurgical Guideline and there is no documentation to indicate that this claimant is an exception to the guidelines considering that the claimant's recent clinical examination showed full range of motion and function with no positive examination findings. Given the above the requested treatment is not medically necessary and appropriate.