

Case Number:	CM13-0059327		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2013
Decision Date:	04/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation 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 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 36-year-old male who reported injury on July 18, 2013. The exact mechanism of injury was not provided, however it was indicated the patient developed numbness and tingling in the right hand and left hand that was keeping him up at night. As of November 14, 2013, the patient had been treated with a brace and had not had injections or therapy. Documentation indicated that the patient had an abnormal nerve conduction study (NCS) and had a Semmes-Weinstein monofilament testing showing a threshold of 2.83 in all digits. Bilaterally, the patient had positive Phalen's and a negative Tinel's over the cubital and carpal tunnels. The patient's strength was 5/5 in the extensor pollicis longus (EPL) / abductor pollicis brevis (APB) and first dorsal interosseous muscles. The diagnosis was right carpal tunnel syndrome and probable left carpal tunnel syndrome. The request was made for a carpal tunnel syndrome release. Per the submitted request, there was a request for initial postoperative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for initial post-operative occupational therapy, two (2) times per week for three (3) weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,16.

Decision rationale: The California MTUS Postoperative Guidelines indicate that treatment of a carpal tunnel release is 3 to 8 visits and that there should be an initial therapy of half the number of visits of recommended therapy. The requested therapy would exceed guideline recommendations for initial therapy. Given the above, the request for initial post-operative occupational therapy, two (2) times per week for three (3) weeks for the right wrist is not medically necessary.