

Case Number:	CM13-0061313		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2010
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine 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 46-year-old female who was injured on November 10, 2010. Treatment history included anti-inflammatories, cortisone injections, physical therapy, bracing of the thumb and index fingers. The patient had a right carpal tunnel release performed on September 06, 2013. EMG/NCS of upper extremities dated February 26, 2013 revealed severe carpal tunnel syndrome, bilaterally. A urine drug screen performed on September 06, 2013 was negative for all drug categories including amphetamines, barbiturates, benzodiazepines, cocaine, ecstasy, marijuana, methadone, methamphetamine, opiates, tricyclic, antidepressants, oxycodone and phencyclidine. A clinic note dated July 18, 2013 documented the patient's decision on consenting to the carpal tunnel release. Objective findings on exam included a Tinel to percussion over the median nerve at the wrist with a positive Tinel even with light touch; Phalen's sign positive for 30 seconds; two-point discrimination greater than a centimeter on the radial ulnar side of the thumb, index, and long. She had a positive Flick sign and severe slowing across the carpal canal as seen on nerve testing. She had severe nighttime pain and awakened her every single night. A clinic note dated September 06, 2013 documented the patient's condition to have worsened. A clinic note dated October 24, 2013 documented the patient to be one-month post-op carpal tunnel release on the right. Objective findings on exam included the patient was able to make a fist, but was having difficulty extending fully the proximal interphalangeal (PIP) joints and distal interphalangeal (DIP) joints of the ring finger and the little finger. Her incision was well healed. She had minimal volar dorsiflexion of the wrist.

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 eight (8) 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): 15-16.

Decision rationale: According to the California MTUS Post-Surgical Treatment Guidelines, occupational therapy may be recommended after carpal tunnel surgery for up to 3-8 visits over 3-5 weeks. The current request for occupational therapy two (2) times a week for eight (8) weeks for the right wrist exceeds the guideline recommendation, and therefore, the request is non-certified.