

Case Number:	CM13-0062740		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2013
Decision Date:	04/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 63-year-old female who sustained injuries to the left upper extremity as a result of cumulative trauma, work related, on February 5, 2013. The records for review documented that the claimant was initially diagnosed with bilateral carpal tunnel syndrome and subsequently underwent a left carpal tunnel release procedure on June 20, 2013. Postoperatively, she has attended eighteen sessions of physical therapy. Clinical assessment on November 19, 2013 documented continued complaints of left hand pain with numbness. Physical examination showed diminished motor strength with diminished sensation to "all fingers" of the left hand. Additional physical therapy for the left hand and wrist was recommended. Additional records pertaining to the claimant's diagnosis of left wrist carpal tunnel syndrome, subsequent surgery and postoperative care were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative 2009 Guidelines would typically recommend up to eight sessions of physical therapy following carpal tunnel release

procedure. The records in this case indicate the claimant has already undergone eighteen sessions of therapy. While the claimant continues to experience pain and discomfort, she has exceeded the postsurgical physical medicine treatment. She appears to have maximized postoperative therapy. The specific request in this case would not be supported.