

Case Number:	CM13-0063550		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2011
Decision Date:	04/17/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 53 year old with a reported date of injury on December 14, 2011 attributed to repetitive motion. The patient's current diagnosis is bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and TFCC tear. According to the medical records for review, the patient has been certified to undergo endoscopic right carpal tunnel release, possible open right cubital tunnel release, possible epicondylectomy, and possible anterior subcutaneous transposition. The claimant has been recommended to have postoperative occupational therapy two times a week for six week for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Occupational therapy 2 x 6 weeks to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Post-Surgical rehabilitative 2009 Guidelines, the request for post-op Occupational therapy 2 x 6 weeks to the right wrist cannot be recommended as medically necessary. The proposed surgery for this claimant's right wrist is endoscopic carpal tunnel release. According to the Post-Surgical Guidelines, 3 to 8 therapy sessions are

recommended over a 3 to 5 week period with a physical medicine treatment period of 3 months. The recommendation for therapy 2 times a week for 6 weeks would exceed the recommended guidelines. In the records provided for review there is no documentation to indicate that the claimant would be an exception to the recommended treatment guidelines. Therefore, in light of the Post-Surgical Guideline recommendation, the proposed post-op therapy cannot be recommended as medically necessary.