

Case Number:	CM13-0063807		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2013
Decision Date:	05/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of May 2013, reportedly notable for severe bilateral carpal tunnel syndrome; and prior carpal tunnel release surgery on October 1, 2013. In a Utilization Review Report of December 4, 2013, the claims administrator denied a request for eight additional sessions of occupational therapy, citing non-MTUS-ODG Guidelines. The claims administrator stated that the applicant had already had eight sessions of postoperative therapy. A clinical progress note of November 15, 2013 is notable for comments that the applicant still has residual symptoms about the hands. Persistent neck and shoulder pain were also noted. The applicant reportedly had significant resolution of pain after bilateral carpal tunnel release surgeries. A positive Spurling maneuver is noted on the right. Occupational therapy, tramadol, Neurontin, and work restrictions were endorsed. It was stated on an occupational therapy progress note on November 18, 2013, however, that the applicant was not working and had not worked since April 2013 despite the fact that the applicant's job was sedentary in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY 2 TIMES A WEEK, LEFT CARPAL TUNNEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3, three to eight sessions of occupational therapy are endorsed postoperatively for the three months following carpal tunnel release surgery. In this case, the applicant was still within the three-month postsurgical window as of the date of the Utilization Review Report, December 4, 2013, following carpal tunnel release surgery in October 2013. The applicant does not appear to have affected any lasting benefit or functional improvement through the eight prior sessions of occupational therapy. The applicant was still off of work as of the date additional occupational therapy was sought. The applicant did not appear to have made significant strides in terms of reducing physical impairment. Therefore, the request for additional occupational therapy for the left carpal tunnel is not certified, consistent with the principle stated in MTUS 9792.24.3.c.4b which suggests that postsurgical treatment shall be "discontinued" at any time in applicants in whom no functional improvement is demonstrated. For all the stated reasons, then, the request is not certified, on Independent Medical Review.