

Case Number:	CM13-0064369		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2000
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice 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 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 patient is a 71-year-old female who reported an injury on 06/29/2000. The mechanism of injury was not provided in the medical records. The patient is diagnosed with severe left hand carpal tunnel syndrome with ulnar neurapraxia. Her symptoms include shoulder and arm pain. She noted improvement with joint mobility and muscle flexibility. The patient is still limited for wrist flexion/extension and gripping. Decreased tenderness at dorsal wrist muscles was noted. The patient's physical examination revealed a passive flexion of 45 degrees, extension 50 degrees, pronation 75 degrees, supination 65 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE 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: According to the California MTUS Guidelines, there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Given prolonged

physical therapy is not and the patient appears to have completed 7 physical therapy sessions without documented functional gains, the request for an additional sessions is not supported.