

Case Number:	CM13-0067790		
Date Assigned:	01/03/2014	Date of Injury:	03/22/2012
Decision Date:	05/21/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Hand Surgery 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 injured worker is a 57-year-old male who reported an injury on 03/22/2012. The mechanism of injury was not provided for review. After she failed conservative treatment, she ultimately underwent left carpal tunnel release with ulnar nerve decompression at the wrist in 10/2013. This was followed by an undetermined amount of postoperative physical therapy. The injured worker was evaluated on 12/06/2013. It documented that occupational therapy for the injured worker was considered to be helpful. Physical findings included a well healed wound on the left hand with slight tenderness over the carpal tunnel scar, a negative Tinel's and Phalen's sign bilaterally, diminished grip strength. The injured worker's diagnoses included status post bilateral carpal tunnel releases with ulnar nerve decompression of the wrist, bilateral forearm tendonitis, bilateral cubital tunnel syndrome, bilateral lateral epicondylitis, status post right thumb and long trigger finger releases, and status post left long trigger finger release. The injured worker's treatment plan included work restrictions and continuation of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE OCCUPATIONAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The requested postoperative occupational therapy 2 times per week for 6 weeks for the left wrist is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 8 visits of occupational therapy for this type of surgery. The clinical documentation indicates that the injured worker has already participated in an undetermined amount of visits of occupational therapy that have provided some benefit. The injured worker does have some residual deficits to include diminished grip strength that would benefit from additional therapy. However, with the number of occupational therapy visits that the injured worker has already participated in, there is no way to determine the appropriate number of additional occupational therapy visits.