

Case Number:	CM13-0067935		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2005
Decision Date:	06/02/2014	UR Denial Date:	11/18/2013
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 53-year-old who reported injury on February 15, 2005. The mechanism of injury was cumulative trauma. The injured worker underwent a right carpal tunnel release and postoperative therapy. The most recent documentation was dated November 6, 2013 which revealed the injured worker had pain and tenderness to the right wrist and was splinting and starting occupational therapy in two weeks. The request was made for 2 times a week for 6 weeks. The diagnosis was status post open right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY, 5 SESSIONS, RIGHT WRIST: Upheld

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

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

Decision rationale: The Postsurgical Treatment Guidelines indicate that appropriate treatment postsurgically for an open carpal tunnel release is three to eight visits. The clinical documentation submitted for review failed to provide documentation of the quantity of sessions that had previously been utilized. It was indicated there was as request for the injured worker to

have twelve sessions of physical therapy. There was lack of documentation of objective functional deficits to support the necessity for physical therapy. There was no DWC form RFA nor PR2 submitted for five sessions of occupational therapy for the right wrist. The request for occupational therapy for the right wrist, twice weekly for six weeks, is not medically necessary or appropriate.