

Case Number:	CM14-0001315		
Date Assigned:	01/22/2014	Date of Injury:	11/22/2012
Decision Date:	04/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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 Preventative 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:

According to the records made available for review, this is a 39-year-old female with a date of injury of 11/22/12 and right carpal tunnel release in October 2013. At the time (11/14/13) of request for authorization for Additional occupational therapy 2 x week for 6 weeks, there is documentation of subjective (patient is doing reasonably well following carpal tunnel release surgery) and objective (decreased grip strength of the right hand) findings, current diagnoses (right carpal tunnel syndrome), and treatment to date (carpal tunnel release in October 2013 and 4 previously authorized physical therapy sessions). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY 2 X WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS postsurgical treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, there is documentation of status post left carpal tunnel release in October 2013 and 4 previously authorized sessions of post-operative physical therapy. However, given documentation of subjective (patient is doing reasonably well following carpal tunnel release surgery), despite documentation of objective (decreased grip strength of the right hand) findings, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of postoperative occupational therapy. In addition, the proposed number of sessions, in addition to the sessions previously authorized, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Additional occupational therapy 2 x week for 6 weeks is not medically necessary.