

Case Number:	CM14-0001486		
Date Assigned:	01/22/2014	Date of Injury:	02/17/2012
Decision Date:	06/06/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 42 year old female with date of injury 2/17/12. The treating physician report dated 8/19/13 indicates that the patient presents with paresthesia of the right thumb and right index finger, right arm pain, cold sensation of the right hand, lump on the backside of the right hand/wrist, sharp shooting pain in the mid portion of the right elbow radiating to the right little finger and weakness of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) OCCUPATIONAL THERAPY SESSIONS TO THE RIGHT HAND:

Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS post surgical treatment guidelines states that Postsurgical treatment for this patient's procedure is 20 visits over 6 weeks. The postsurgical physical medicine treatment period is 8 months. The treating physician in this case requested prior to surgery that authorization be made for 12 post-op occupational therapy sessions. MTUS allows 20 sessions of therapy for ulnar nerve entrapment surgery, up to 18 for ganglion cyst excision

and up to 8 sessions for carpal tunnel release. This request was within MTUS guidelines and is, therefore, medically necessary.