

Case Number:	CM14-0002944		
Date Assigned:	01/24/2014	Date of Injury:	04/26/2013
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 58 year old male who reported wrist and back injury on 04/26/2013; the mechanism of injury was not provided in the submitted documentation. Within the submitted documentation the injured worker underwent a carpal tunnel release on 12/17/2013. There was a lack of documentation status post to report the condition of the injured worker and provide an accurate physical assessment. The official EMG dated 06/28/2013 reported mild carpal tunnel syndrome and normal electrodiagnostic studies of the lower extremities. The request for authorization was not provided in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE OCCUPATIONAL THERAPY X 8 (RIGHT WRIST): Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines recommend 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.

The submitted request is for 8 sessions and exceeds the guidelines recommended maximum number of sessions. In addition, there was a lack of any documentation about the surgery and the outcome. The request for postoperative occupational therapy, 8 sessions for the right wrist is not medically necessary and appropriate.