

Case Number:	CM14-0102548		
Date Assigned:	07/30/2014	Date of Injury:	10/27/2008
Decision Date:	10/06/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 Pain Management and Rehabilitation 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 underlying date of injury in this case is 10/27/2008. The date of utilization review under appeal is 5/27/2014. The patient's diagnosis is carpal tunnel syndrome. This patient is status post a right carpal tunnel release, although the specific date of surgery is not known. As of 5/19/2014 the treating orthopedic surgeon saw the patient regarding ongoing tingling in the right hand and noted a plan to proceed with a carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative occupational therapy 2 times a week for 4 weeks, for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome, Page(s): 15.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on carpal tunnel syndrome in detail on page 15. This guidelines specifically states there is limited evidence demonstratitng the effectiveness of physical or occupational therapy for carpal tunnel syndrome. The guideline states that the evidence justifies at most 5 visits over 4 weeks and that benefits need to be documented after the first week and prolonged therapy visits are not supported. Currently requested postoperative therapy thus

substantially exceeds the treatment guidelines. The medical records do not provide a rationale for an exception to these guidelines. This request is not medically necessary.