

Case Number:	CM14-0109157		
Date Assigned:	08/01/2014	Date of Injury:	06/01/2013
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 59 year old female with a reported date of injury on 06/01/2013. The mechanism of injury was repetitive typing. The diagnoses included bilateral carpal tunnel syndrome. The past treatment included pain medication, a brace, physical therapy, cortisone injections, and surgery. The notes indicate that the injured worker has already completed 4 therapy sessions. There were no relevant diagnostics provided. The surgical history consisted of a right carpal tunnel release on 04/22/2014. On 05/28/2014, the subjective complaints included pain to the bilateral hands and wrists with numbness and tingling. The physical examination noted a positive Phalen's and positive carpal compression test on the left. The medications consisted of Ketorolac, Naratriptan, and Sumatriptan. The plan was to continue physical therapy. The rationale was to increase range of motion and decrease pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS Post-Surgical Guidelines state that "up to 8 visits may be supported for carpal tunnel surgery and continued visits should be contingent on documentation of objective improvement." The injured worker had a right carpal tunnel release on 04/22/2014 and the notes indicate that she had already completed 4 therapy sessions. The injured worker has already had 4 sessions of therapy and the request for 6 additional sessions would exceed the guideline recommendations of 8 sessions for carpal tunnel surgery. Occupational therapy progress notes were submitted however clear objective measureable progress from initial evaluation to most recent visit was not evident. Additionally the request did not specify the site of treatment. As the 6 additional sessions would exceed the guideline recommendations, the additional sessions are not supported. As such, the request is not medically necessary.