

Case Number:	CM14-0016484		
Date Assigned:	03/05/2014	Date of Injury:	04/25/2013
Decision Date:	05/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery 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 claimant sustained an injury to the right hand on April 25, 2013. The records provided for review document that the claimant was diagnosed with carpal tunnel syndrome and subsequently underwent a right carpal tunnel release on December 11, 2013. The follow-up clinical report on January 17, 2014 noted that the claimant attended eight sessions of occupational therapy but continued with complaints of stiffness and soreness. Formal physical examination findings were not provided. The recommendation at that time was for eighteen additional sessions of occupational therapy for the diagnosis of post-op carpal tunnel release

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OCCUPATIONAL THERAPY, 2 TIMES PER WEEK FOR 8 WEEKS TO THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines do not support the request for eighteen additional sessions of therapy. The Postsurgical Rehabilitative Guidelines recommend three to eight physical therapy sessions over a three to five week period following carpal tunnel release. This individual has already attended eight sessions of

occupational therapy since the December 2013 surgery. An additional eighteen sessions of therapy would exceed the Postsurgical Guidelines and there is no documentation within the records to indicate that this claimant would be an exception to the recommended guidelines. Therefore, the request for eighteen additional therapy sessions is not recommended as medically necessary and appropriate.