

Case Number:	CM14-0131575		
Date Assigned:	08/29/2014	Date of Injury:	12/11/2012
Decision Date:	09/26/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old female with a 12/11/12 date of injury. At the time (7/24/14) of the request for authorization for initial postoperative occupational therapy, hand therapy 2x6 for right hand, there was documentation of subjective complaints of right hand numbness recurred recently, especially in the morning. The objective findings include positive Tinel's and Phalen's, sensation decreased in the median nerve distribution. The current diagnosis is carpal tunnel syndrome. Treatment to date includes medication, bracing, and injection. In addition, there is documentation that right carpal tunnel release has been certified. The requested initial postoperative occupational therapy, hand therapy 2x6 for right hand exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial postoperative occupational therapy, hand therapy 2x6 for right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, there is documentation that carpal tunnel release has been certified. However, the requested initial postoperative physical therapy, hand therapy 2x6 for right hand exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for initial postoperative occupational therapy, hand therapy 2x6 for right hand is not medically necessary.