

Case Number:	CM14-0135984		
Date Assigned:	09/03/2014	Date of Injury:	01/21/2013
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/22/2014

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, 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:

This is a female patient with the date of injury of January 21, 2013. A Utilization Review was performed on August 4, 2014 and recommended non-certification of OT 3xWk x 4Wks bilateral hands. A Visit Note dated July 25, 2014 identifies History of Present Illness of hand is slightly better after surgery. Symptoms persist in the unoperated left hand. Examination identifies mild swelling of the right wrist, positive tenderness in the volar wrist, positive Phalen's, and positive Tinel's. Assessment identifies carpal tunnel syndrome. Treatment identifies begin hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 times a week for 4 weeks, bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (updated 02/20/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Physical medicine treatment.

Decision rationale: Regarding the request for occupational therapy 3 times a week for 4 weeks, bilateral hands, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of

physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG supports up to 3 visits for carpal tunnel syndrome. Within the documentation available for review, there is no indication of any specific objective treatment goals. In addition, the requested number of visits exceeds guidelines. As such, the current request for occupational therapy 3 times a week for 4 weeks, bilateral hands is not medically necessary.