

Case Number:	CM14-0180058		
Date Assigned:	11/04/2014	Date of Injury:	08/10/2009
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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:

30-year-old female claimant with an industrial injury dated 08/10/09. The patient is status post a left elbow lateral release dated 06/29/11, right elbow lateral release on 02/17/12, endoscopic right carpal tunnel release on 02/22/13, right elbow cubital tunnel release on 02/22/13, left carpal tunnel release on 08/16/13, left elbow cubital tunnel release on 08/16/13, and a right elbow lateral release with posterior interosseous nerve decompression and fasciotomy on 05/14/14. Exam note 08/25/14 states the patient returns with right hand pain. The patient is status post 24 OT sessions, and still reports stiffness in her fingers and limited strength. Upon physical exam she had a grip strength of 20/20/19 on the right hand and 46/42/40 on the left. Right wrist range of motion is noted as 70° on flexion, 70° extension, 20° radial deviation, and 40° on ulnar deviation. Treatment includes an additional 8 occupational therapy sessions for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 occupational therapy visits for the right hand: Upheld

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. From the submitted records there is insufficient documentation of how many visits have been performed post operatively. In addition the request is outside the 3 month allowed window. Therefore the determination is not medically necessary.