

Case Number:	CM14-0184133		
Date Assigned:	11/12/2014	Date of Injury:	10/19/2011
Decision Date:	12/30/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was injured on 10/19/2011. She was diagnosed with carpal tunnel syndrome, cervical degenerative disc disease, and thoracic outlet syndrome. She was treated with Botox injection for her thoracic outlet syndrome, injections for wrists and shoulders, physical/occupational therapy, and anti-epileptic medications. She was reportedly deemed a poor surgical candidate for her carpal tunnel syndrome, but had a left carpal tunnel release on 8/14/14 after which completed 8 sessions of occupational therapy. On 10/1/14, the worker was seen by her primary treating physician reporting continual numbness/tingling/burning sensation in the left wrist even after surgery and occupational therapy, although movement (no details provided) was improving. She reported her thumb still bothering her, but overall improving. Physical findings included left wrist/hand tenderness and negative Phalen's and Durkan's test of the left wrist. She was then recommended to continue occupation therapy for an additional 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 4 weeks for the bilateral wrist: Upheld

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

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

Decision rationale: The MTUS Post-surgical Treatment Guidelines state that following a carpal tunnel release, such as in the case of this worker, up to 8 visits over 3-5 weeks following surgery. In the case of this worker, he had the carpal tunnel release about 6 weeks prior to this request for continuation of the occupational therapy and had already completed 8 sessions with some reported benefit. Physical therapy should be transitioned to active therapy such as home exercises and stretches at this stage and the need for passive supervised sessions of occupational therapy is not medically necessary. Also, there was no evidence from the documentation provided in the case of this worker which suggested the worker was not capable of shifting to home exercises. The request is not medically necessary and appropriate.