

Case Number:	CM14-0020490		
Date Assigned:	04/25/2014	Date of Injury:	11/10/2010
Decision Date:	11/06/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Medicine 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 case involves a male injured worker with a date of injury on 1/10/2010 when he injured his hand and wrist while at work. The mechanism of injury is not mentioned in the injured worker's medical records. On 9/6/2013, the injured worker underwent a right carpal tunnel release and has had 8 occupational therapy visits with functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy sessions 2 x 8 for the right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Carpal Tunnel Syndrome page 15

Decision rationale: According to guidelines carpal tunnel syndrome postsurgical treatment is recommended for 3-8 visits over 3-5 weeks for a period of 3 months. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. According to the injured worker's medical records he has

completed the full recommended physical therapy post op treatment. There is no indication as to why additional physical therapy is needed and is not recommended based on guidelines. Therefore, this request is not medically necessary.