

Case Number:	CM14-0022887		
Date Assigned:	06/11/2014	Date of Injury:	02/12/2014
Decision Date:	07/23/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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:

The patient is a 29 year old female who was injured on 07/13/2012. The mechanism of injury is unknown. Prior treatment history has included Tylenol, ibuprofen. Other conservative treatment included an injection. The patient underwent a carpal tunnel release on 12/30/2013. Progress report dated 02/19/2014 states the patient receive little benefit from the corticosteroid injection and therefore a request for two visits per week for three weeks of occupational therapy to increase functional improvement. Progress report dated 02/05/2014 reported the patient had problems with her ulnar nerve. She has positive Tinel's sign and any type of pressure along the course of the ulnar nerve reproduces the patient's symptoms. The patient was advised that a corticosteroid injection may be beneficial. Prior utilization review dated 02/12/2014 states the request for occupational therapy two times a week for 4 weeks is denied as there is no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical guidelines recommend 3-8 visits over 3-5 weeks for carpal tunnel syndrome surgery with a treatment period of 3 months. An "initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations..." "With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." According to the medical records the patient, a 27 year old female injured on 7/13/12, completed 4 physical therapy visits after right carpal tunnel release on 12/30/13. 8 more physical therapy visits were subsequently requested, apparently to address the carpal tunnel release. However this would equal 12 total visits, which exceeds guideline recommendations for 8 total. Further, functional improvement is not documented from the first 4 visits. In the event the request was for 8 more physical therapy visits to address right cubital tunnel syndrome, this does not appear to be necessary, as surgery is pending and has been contemplated for months. Medical necessity is not established.