

Case Number:	CM14-0024331		
Date Assigned:	06/11/2014	Date of Injury:	01/04/2012
Decision Date:	08/13/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/26/2014

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 Surgeon, Hand Surgeon and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported an injury on 01/04/2012. The documentation of 01/03/2014 revealed the injured worker had good response from the carpal tunnel injection. The injured worker had positive provocative signs at the wrist and signs and symptoms consistent with carpal tunnel syndrome. The physician opined the injured worker may likely have double crush syndrome. The request was made for the right carpal tunnel release and appeal of the denial. The copy of the examination was difficult to read as the fax copy was of poor quality.

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 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for a total of 9 to 10 visits for myalgia and myositis. The request as submitted failed to indicate the body part to be treated with the occupational therapy. Given the above, the request occupational therapy 2 times a week for 6 weeks is not medically necessary.

