

Case Number:	CM14-0026534		
Date Assigned:	06/13/2014	Date of Injury:	09/20/2010
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 56 year old female whose date of injury is 09/20/2010. The mechanism of injury is described as repetitive movement of hands. She is status post left carpal tunnel release on 07/13/12 and status post right carpal tunnel release. Re-evaluation dated 07/30/13 indicates that the injured worker completed 16 occupational therapy visits. Follow up note dated 11/07/13 indicates that diagnoses are carpal tunnel syndrome, and pain in joint of shoulder. Note dated 12/27/13 indicates that the injured worker reports that acupuncture treatment helped her. Visit note dated 01/10/14 indicates that she was recommended for a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT OCCUPATIONAL THERAPY 8 VISITS LEFT WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for occupational therapy 8 visits left wrist/hand is not recommended as medically necessary. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that

elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Given the amount of therapy completed to date, the injured worker should be well-versed in an independent, self-directed home exercise program.