

Case Number:	CM14-0027720		
Date Assigned:	06/13/2014	Date of Injury:	09/26/2011
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 60-year-old female who sustained an injury to her left wrist on 09/26/11. The mechanism of injury was not documented. Current medications include Norco. It was reported that the injured worker underwent carpal tunnel surgery in October 2011 right and left January 2012. The injured worker was authorized for post surgical physical therapy. Repeat nerve conduction studies were performed on 06/06/13 that revealed evidence of mild sensory slowing across the wrist involving the median nerve suggestive of carpal tunnel with left median neuropathy, moderate in nature. Physical examination noted full range of motion of the wrist and digits; Tinel's positive; Finkelstein sign positive; the patient was recommended for a cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST OPERATIVE OCCUPATIONAL THERAPY VISITS FOR LEFT WRIST, 3 TIMES A WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15-16.

Decision rationale: The request for 12 post operative occupational therapy visits for left wrist, 3 times a week for four weeks is not medically necessary. It was reported that the patient has completed a regimen of postoperative physical therapy for the left wrist. The guidelines recommend up to 3-8 visits over 3-5 weeks for up to 6 months following carpal tunnel release. There were no physical therapy notes provided that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for 12 post operative occupational therapy visits for left wrist, 3 times a week for four weeks has not been established as medically necessary.