MAXIMUS Federal Services

Case Number:	CM14-0028021		
Date Assigned:	06/16/2014	Date of Injury:	07/23/2007
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 62 year old male who was injured on 07/23/2007. The mechanism of injury is unknown. Past medications included Norco and Docusate. The patient had right hand surgery on 10/2/2013. Progress report dated 01/21/2014 reports the patient complained of right hand pain and numbness of the radial aspect of the index finger. On exam, there is tenderness over the op-sites. The patient had grip weakness and full motion of the wrists with weakness of the pinch. The patient has had 10 sessions of therapy which he reported has helped. Diagnoses are lumbosacral neuritis/radiculitis and cubital tunnel syndrome. Prior utilization review dated 02/03/2014 states the request for occupation therapy of the right hand twice a week for 4 weeks is non-certified as the patient has had 10 out of 12 sessions without clear evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY OF THE RIGHT HAND 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

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

Decision rationale: According to MTUS Postsurgical Treatment Guidelines, 3-8 physical therapy visits over 3-5 weeks with a 3 month treatment period are recommended after endoscopic or open carpal tunnel surgery. The patient is a 63 year old male injured on 7/23/07. Right hand carpal tunnel surgical release was performed on 10/3/13. On 1/21/14 the patient complained of right hand pain and numbness of the radial aspect of the index finger. R hand examination showed tenderness and weakness of pinch and grip with full range of motion. 8 sessions of physical therapy were requested. However, the patient already completed 10 sessions of post-operative hand therapy, which reportedly helped. However, there is no documentation of significant functional improvement or pain reduction due to hand therapy. The patient is not working 3 months after surgery. The request exceeds the maximum number of recommended visits, and the patient is beyond the recommended post-operative treatment period. Medical necessity is not established.