

Case Number:	CM14-0033297		
Date Assigned:	03/19/2014	Date of Injury:	04/17/2012
Decision Date:	04/16/2014	UR Denial Date:	02/21/2014
Priority:	Expedited	Application Received:	03/17/2014

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:

Patient is a 37 year old female with date of injury 4/17/2012. The most recent primary treating physician's progress report, dated 2/06/14, lists patient's subjective complaints as pain at the left elbow and antecubital fossa radiating to the ulnar wrist. Objective findings: Examination of the left elbow was normal and nontender. Tinel's was positive at the cubital tunnel. Examination of the left wrist revealed tenderness at the ulnar pillar and Phalen's test was positive. Diagnoses: 1. Left carpal tunnel syndrome, 2. Possible left cubital tunnel syndrome. There is no documentation in the medical record that the patient has had any functional improvement with the 8 previously-approved postop physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT occupational therapy 2xWk x 6Wks left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: There is no documentation that the patient gained any functional improvement from the previous 8 physical therapy visits. The Postsurgical Treatment Guidelines

states that current medical evidence may justify 3-5 visits over 4 weeks after surgery, up to the maximum of 8. The benefits need to be documented after the first week, and prolonged therapy visits are not supported. Urgent occupational therapy 2xWk x 6Wks left hand is not medically necessary.