

Case Number:	CM14-0034720		
Date Assigned:	06/20/2014	Date of Injury:	09/16/2011
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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, and is licensed to practice in Nevada. 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 52-year-old who was reportedly injured on September 16, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 19, 2014, indicates that a right radial tunnel and carpal tunnel has been completed, the injured worker is "doing quite well" and has complete resolution of her symptoms. It was noted that transition to home exercise protocol has been completed and that the injured employee is working full duty. The physical examination demonstrated no specific findings. Diagnostic imaging studies are not presented for review. Previous treatment includes surgical intervention and postoperative physical therapy. A request had been made for physical therapy and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post-operative occupational therapy for the right hand/wrist, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The most recent progress note indicates a complete resolution of symptoms, transition to home exercise protocol and that the injured employee is at work. As such there is no clinical indication for any additional formal physical therapy. Furthermore, the standards for postoperative physical therapy for right carpal tunnel release is no more than eight sessions. Therefore, the request for occupational therapy for the right hand/wrist, twice weekly for six weeks, is not medically necessary or appropriate.