

Case Number:	CM14-0036295		
Date Assigned:	06/25/2014	Date of Injury:	10/23/2012
Decision Date:	07/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/25/2014

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 Management, 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:

This is a female patient with the date of injury of October 23, 2012. A follow-up note dated March 3, 2014 identifies complaints of base of the thumb pain and occasional numbness, and tingling in the right hand. Physical Examination identifies tenderness over the pillar region. Cubital tunnel compression test is positive. Diagnoses identify carpal tunnel syndrome. Treatment plan identifies continue hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, additional 12 sessions (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Regarding the request for occupational therapy, additional 12 sessions (2x6), CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 3-5 visits over 4 weeks after surgery, with a maximum of 8 visits. Within the documentation available for review, the

patient was authorized for 12 occupational therapy visits. However, there is no indication of any objective functional improvement from the post operative therapy already certified, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Finally, the currently requested number of visits exceeds the maximum number recommended by guidelines. In the absence of such documentation, the current request for occupational therapy, additional 12 sessions (2x6) is not medically necessary.