

Case Number:	CM14-0036484		
Date Assigned:	06/27/2014	Date of Injury:	04/23/2013
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
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 Internal Medicine and is licensed to practice in Arizona. 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 54-year-old female typist who had cumulative trauma with an effective date of injury on April 23, 2013. She tried acupuncture, physical therapy, transcutaneous electric nerve stimulation (TENS) with modifications at work. She reported ongoing thoracic back pain radiating to both shoulders and hands. This patient underwent a right carpal total release with nine flexor tenosynovectomies of the flexor tendons of the palm, on January 29, 2014. She had a preoperative diagnosis of severe right carpal tunnel syndrome (per EMG). The patient has had 8 postoperative sessions of physical therapy to date. The 6th hand therapy reevaluation note stated that there has been slow progress with ongoing stiffness and pain. There would be benefit from continued treatment and suggested hand therapy two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Occupational Therapy x12, for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 8.

Decision rationale: The MTUS offers guidelines for the amount of Physical Medicine (inclusive of Occupational Therapy) suggested in the Post-Surgical time period. This patient had a carpal tunnel release which allows for 3-8 visits over 3-5 weeks (page 15). For a flexor

tenosynovectomy, 14 visits over three months are allowed (page 20). This patient has already had 8 visits. Some progress has been made, though it has been slow. Perhaps this has been because of the debridement of the nine hypertrophic flexor tendons within the palm? It is reasonable for this patient to undergo the maximally allowed occupational therapy of 14 visits. This would mean an additional six visits and not the requested twelve occupational visits. For this reason, the request is deemed not medically necessary.