

Case Number:	CM14-0036602		
Date Assigned:	06/25/2014	Date of Injury:	07/05/2012
Decision Date:	08/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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 Interventional Spine 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 44-year-old female with a date of injury of 07/05/2012. The listed diagnosis is carpal tunnel syndrome. According to progress report 03/06/2014, the patient has chronic pain and weakness to the right hand. She has medial and lateral pain in the right elbow with tingling and numbness in the fingers. The patient underwent carpal tunnel surgery in 01/13/2014. The patient currently has returned to work, working 4 hours per day. The patient continues to report discomfort in her wrist and forearm. Physical therapist recommends patient continue with physical therapy to improve ROM and strength. Recommendation is for additional 8 sessions of occupational therapy. Utilization review denied the request on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of occupational therapy (2 times per week for 4) weeks for the right hand/wrist:
Upheld

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

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

Decision rationale: This patient is status post carpal tunnel release of the right hand on 01/13/2014. This is a request for additional occupational therapy 2 times per week for 4 weeks to increase strength and range of motion of the right hand and wrist. For postoperative physical medicine, the MTUS Guidelines recommend. For Carpal Tunnel Syndrome, MTUS post-surgical guidelines page 15 allows for 3-8 sessions over 3-5 weeks. The medical file provided for review indicates the patient received 8 occupational therapy sessions between 02/18/2014 and 03/06/2014. Physical therapy report indicates recommendation is for continuation of physical therapy for improved ROM and strength to the right wrist and upper extremity. In this case, the provider does not discuss why the patient would not be able to now transition into a home-based exercise program. Furthermore, provider's request for 8 additional sessions exceeds what is recommended by MTUS.