

Case Number:	CM14-0039208		
Date Assigned:	06/27/2014	Date of Injury:	10/01/2010
Decision Date:	12/10/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 31-year-old female with a date of injury on 10/1/2010. This patient carries a diagnosis of carpal tunnel syndrome and ulnar nerve lesion. Previously she has undergone left-sided carpal tunnel release in 2013 with gradual improvement. She was evaluated by the treating orthopedist in January, 2014. She presents with similar symptoms at tingling and numbness and pain in the right hand. She has been diagnosed with carpal tunnel syndrome as well as keloid formation at the site of previous ulnar nerve decompression surgery. The treating orthopedist recommended carpal tunnel release surgery to be performed in June, 2014 and also recommended postoperative splint and 12 visits of occupational therapy. The medical reviewer on 2/25/2014 approved 8 visits of occupational therapy based on guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative occupational therapy (OT) for twelve (12) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 16, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome

Decision rationale: According to Guidelines as stated above, the maximum number of occupational therapy visits for carpal tunnel decompression post-surgical care should not exceed 8 visits. The request exceeds guidelines and is therefore not medically necessary.