

Case Number:	CM14-0044416		
Date Assigned:	07/02/2014	Date of Injury:	11/18/2009
Decision Date:	08/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/19/2014

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 Orthopedic Surgery 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:

52 year old female claimant with an industrial injury dated 11/18/19. Exam note 12/21/13 states the patient returns with numbness in the wrist and hands. Nerve conduction demonstrated that the patient had moderate to severe left carpal tunnel which has proceeded to worsen since previous study in March 2013. There is no evidence of ulnar neuropathy at the wrist/elbow and no evidence of cervical radiculopathy or polyneuropathy. Exam note 02/21/14 suggested the indications for carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post operative occupational therapy visits for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is recommended. The request exceeds the recommended therapy visits. Therefore the request is not medically necessary.