

Case Number:	CM14-0048028		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2013
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 41 year old female with an injury date on 6/20/13. Based on the 3/21/14 progress report provided by [REDACTED], this patient "feels 50% better," has had an increase in range of motion and feels she is getting better. According to the same progress report, the diagnoses are bilateral mild carpal tunnel syndrome and S/P left wrist carpal tunnel decompression. The exam from the 3/21/14 progress report for the left wrist showed: flexion 70, extension 60, ulnar deviation 30, radial deviation 20 with positive Finklesteins and positive tenderness to palpation over the surgical site. This patient is also able to make a full fist and thumb approximates to 2 cm below head of fifth metacarpal with positive edema. [REDACTED] is requesting occupational therapy of the left wrist additional 6 sessions. The utilization review determination being challenged is dated 4/1/14 and the request was denied as "there are no clear relevant functional deficits for supervised rehab"; additionally, the patient is reasonably expected to be able to continue with an independent home exercise program at this time. [REDACTED] is the requesting provider, and he provided treatment reports from 10/3/13 to 5/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Left Wrist additional 6 sessions: Upheld

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

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

Decision rationale: This patient presents with left wrist pain and is s/p left carpal tunnel release from 1/30/14. The provider has asked occupational therapy of the left wrist additional 6 sessions on 3/21/14. The 3/21/14 report indicates that this patient has completed 6/8 occupational therapy sessions and is now performing home exercises. Regarding carpal tunnel syndrome, California MTUS post-surgical treatment guidelines state 3-8 visits over 3-5 weeks within 3 months. In this case, the patient has already had 6 sessions of therapy and is performing home exercises. The provider has asked for 6 additional sessions of occupational therapy for the left wrist, which exceeds the California MTUS guidelines. Therefore the request is not medically necessary.