

Case Number:	CM14-0050759		
Date Assigned:	06/23/2014	Date of Injury:	12/08/2010
Decision Date:	08/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 Surgeon and is licensed to practice in Georgia and Texas. 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 injured worker is a 58-year-old female who reported injury on 12/08/2010. The specific mechanism of injury was not provided. Prior treatments included medications and a home exercise program. The diagnoses included status post right carpal tunnel release and mild right greater than left carpal tunnel syndrome per EMG/NCV of 07/18/2011. The documentation indicated the carpal tunnel release was medically necessary. The request was made for post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative occupational therapy 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15, 16.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines indicate that 8 sessions of physical therapy are appropriate postoperative for the treatment of carpal tunnel syndrome; however, the initial number of sessions is half the recommended number of sessions. As such this request would be supported for 4 sessions. The request as submitted failed to indicate the body part to be treated with physical therapy. The request for 8 sessions would be

considered excessive. Given the above, the request for postoperative occupational therapy 2 times 4 is not medically necessary.