

Case Number:	CM14-0052799		
Date Assigned:	07/07/2014	Date of Injury:	10/31/2011
Decision Date:	08/06/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/31/11. A utilization review determination dated 4/4/14 recommends modification of OT from 12 sessions to 8 sessions. Patient underwent right carpal tunnel release on 3/13/14. 3/20/14 medical report identifies a recommendation for OT twice weekly for the next 6 weeks to work on range of motion and modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2xWk X 4Wks right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for occupational therapy, California Medical Treatment Utilization Schedule (MTUS) supports 3-8 therapy visits over 3-5 weeks after carpal tunnel release, with half that amount recommended initially. Within the documentation available for review, the requested amount of postoperative therapy visits exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request to

a supported number of visits. In light of the above issues, the currently requested occupational therapy is not medically necessary.