

Case Number:	CM14-0065564		
Date Assigned:	07/11/2014	Date of Injury:	02/22/2013
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency Medicine 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:

Please provide a one-paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. The injured worker is a 56-year-old male, who sustained an injury on February 22, 2013. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included medications, May 22, 2013 right carpal tunnel release, and 12 post-op occupational therapy sessions. The current diagnoses are bilateral wrist sprain/tenosynovitis, s/p right wrist open carpal tunnel release May 2013. The stated purpose of the request for Occupational therapy initial two times a week for four weeks, in treatment of the bilateral wrists QTY: 8, was not noted. The request for Occupational therapy initial two times a week for four weeks, in treatment of the bilateral wrists QTY: 8 was denied on May 1, 2014, as the injured worker had 12 sessions of post-op occupational therapy sessions with guidelines recommending 8. Per the report dated April 23, 2014, the treating physician noted right hand tenderness, positive Phalen and Tinel signs, right grip strength of 8/10/10 (versus left side 30/36/30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy initial two times a week for four weeks, in treatment of the bilateral wrists QTY: 8: Upheld

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

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

Decision rationale: The requested Occupational therapy initial two times a week for four weeks, in treatment of the bilateral wrists QTY: 8, is not medically necessary. CA MTUS, Post-Surgical Treatment Guidelines, Carpal tunnel syndrome, Pages 15-16, recommend up to 8 post-op physical occupational therapy sessions for this condition. The injured worker is s/p right carpal tunnel release on May 22, 2013 and has completed 12 post-op occupational therapy sessions. The treating physician has documented right hand tenderness, positive Phalen and Tinel signs, and right grip strength of 8/10/10 (versus left side 30/36/30). The treating physician has not documented objective evidence of derived functional improvement from completed occupational therapy sessions, or the medical necessity for additional therapy beyond referenced guideline recommendations to establish a transition to a dynamic independent home exercise program. The criteria noted above not having been met, Occupational therapy initial two times a week for four weeks, in treatment of the bilateral wrists QTY: 8 is not medically necessary.