

Case Number:	CM14-0067590		
Date Assigned:	07/11/2014	Date of Injury:	08/21/2012
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/12/2014

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 Hand Surgery and is licensed to practice in 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 49-year-old female who reported injury on 08/21/2012. The mechanism of injury involved an incident in which the injured worker was descending some stairs while holding onto the handrail with her right hand, and as she was on the last step, her foot slipped on chicken grease, causing her to slip and fall with her right leg outstretched behind her and her left leg in front of her. The documentation of 02/11/2014 revealed the injured worker had a right carpal tunnel release on 01/29/2014. The injured worker was reporting a burning pain in the forearm and numbness in the fingers. It was indicated the injured worker would start post-operative hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy/Physical Therapy 2 x 6 weeks: 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 California MTUS Postsurgical Treatment Guidelines indicate that 3 to 8 therapy sessions are appropriate for the postsurgical treatment of carpal tunnel syndrome. The clinical documentation submitted for review indicated the injured worker had previously

attended post-operative physical therapy (PT). However, there were no PT notes in the documentation that was reviewed. The documentation indicated the injured worker had completed 12 sessions of post-operative physical therapy. The surgical intervention was in January of 2014. The injured worker should now be well versed in a home exercise program. The request as submitted failed to indicate the body part to be treated. Given the above, the request for additional occupational therapy/physical therapy 2 x 6 weeks is not medically necessary.