

Case Number:	CM14-0073983		
Date Assigned:	07/16/2014	Date of Injury:	07/24/2013
Decision Date:	11/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 43 year old female with a date of injury on 7/24/2013. She was employed as a sales agent and reported progressive worsening of right upper extremity pain, numbness, tingling, and fatigue. Conservative treatment included bracing, physical therapy and medications. The 12/10/13 bilateral upper extremity electrodiagnostic testing revealed mild right median nerve slowing across the wrist (carpal tunnel syndrome) and very mild delay of ulnar peak sensory latency on the right. She underwent open right carpal tunnel release on 2/24/14. The 4/8/14 treating physician report indicated that the injured worker was doing well with significant improvement from therapy. She had full motion at the wrist and digits, no residual numbness, and pain was significantly improved. There were some residual burning sensations at the incision site. The residual issue was sensitization of the scar. The treatment plan recommended 8 additional occupational therapy visits for desensitization and scar massage. Records indicated that the injured worker had completed 12 post-op occupational therapy visits. The 4/18/14 utilization review modified the request for post-op occupational therapy 2x4 and approved one additional visit with transition to a home exercise and desensitization program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op OT 2x4 (8): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Occupational Therapy Guidelines

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

Decision rationale: The California Medical Treatment Schedule (MTUS) Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This injured worker has completed the general course of post-op treatment. There is no documentation that the injured worker is experiencing a functional deficit. There is residual scar sensitization. The 4/18/14 utilization review modified this request and approved one additional post-op occupational therapy visit with transition to a home program. No compelling reason was presented to support the medical necessity of additional supervised therapy over an independent home program to achieve additional desensitization and rehabilitation goals. Therefore, this request is not medically necessary.