

Case Number:	CM14-0075217		
Date Assigned:	07/16/2014	Date of Injury:	11/29/2009
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 31-year-old female with an 11/29/09 date of injury and status post left endoscopic carpal tunnel release in December 2013. At the time (4/18/14) of request for authorization for occupational therapy- post-op continue for two times a week for six weeks, for the left side quantity: 12, there is documentation of subjective (numbness and tingling in the left fourth and fifth digits) and objective (positive bilateral cubital tunnel exam and positive direct compression test) findings, current diagnoses (status post bilateral endoscopic carpal tunnel release and bilateral cubital tunnel syndrome), and treatment to date (at least 6 post-operative occupational therapy visits for left carpal tunnel release with decreased pain). There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of post-operative occupational therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) post-operative occupational therapy visits for the left side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY

GUIDELINES/PHYSICAL THERAPY GUIDELINES; THE NATIONAL GUIDELINE CLEARINGHOUSE.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post bilateral endoscopic carpal tunnel release and bilateral cubital tunnel syndrome. In addition, there is documentation of status post left endoscopic carpal tunnel release in December 2013 and 6 sessions of post-operative occupational therapy sessions completed to date. However, given that the proposed number of sessions exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation of pain relief with previous occupational therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of post-operative occupational therapy provided to date. Furthermore, given documentation of a December 2013 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for twelve (12) post-operative occupational therapy visits for the left side are not medically necessary and appropriate.