

Case Number:	CM14-0083463		
Date Assigned:	07/21/2014	Date of Injury:	11/19/2012
Decision Date:	09/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 64-year-old female who reported injury on 11/19/2012. The specific mechanism of injury was not provided. The injured worker was noted to undergo electrodiagnostic studies on the left upper extremity which revealed moderate to severe carpal tunnel on the left with denervation. The injured worker's medications included Omeprazole and Glucosamine. Prior therapies included Cortisone Injections, Oral Steroids and pre and 24 sessions of post-surgical therapy. The injured worker underwent a right carpal tunnel release on 05/01/2013. The documentation of 05/05/2014 revealed the injured worker had inflammatory tenosynovitis and had a prolonged course of therapy. The tenosynovitis was noted to be treated with wrist Cortisone Injections, Oral Steroids and a prolonged course of occupational therapy. The documentation indicated the injured worker had numbness and tingling in the right hand and would like to have surgery in the right hand again. There was a Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post -Operative Occupational Therapy (12) visits to Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend postoperative physical therapy for 8 visits. The clinical documentation indicated the injured worker underwent physical therapy and occupational therapy for 24 sessions. There was a lack of documentation of objective functional deficits to support the necessity for additional therapy. There was no physician note submitted for review specifically requesting additional occupational therapy. There was a lack of documentation indicating objective functional benefit that was received from prior therapy. Given the above, the request for Post- Operative Occupational Therapy twelve (12) visits to Right Wrist is not medically necessary.