

Case Number:	CM14-0103218		
Date Assigned:	07/28/2014	Date of Injury:	07/08/2009
Decision Date:	03/31/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 56 year old male who sustained an industrial injury on 07/08/2009. He has reported numbness and tingling with a burning sensation throughout the right hand. Diagnoses include right carpal tunnel syndrome. Treatments include a cortisone injection to the right thumb which decreased his pain. He also had electrodiagnostic testing. In a progress note dated 06/12/2014 the treating provider reports that the IW has Tinel's positive at the median nerve of the right wrist and Tinel's negative at the ulnar nerve of the right elbow and wrist. Phalen's was positive. X-rays were negative. The plan at that time was for a right endoscopic carpal tunnel release as soon as possible and medications were dispensed at the visit. On 06/19/2014 Utilization Review non-certified a request for post-op occupational therapy 3x4 to the wrist. No rationale or references were provided in the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy 3x4 to the wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. The request of 12 visits exceeds the recommendations of the guidelines. Therefore the determination is for non-certification.