

Case Number:	CM14-0131298		
Date Assigned:	08/20/2014	Date of Injury:	03/28/2014
Decision Date:	01/02/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/17/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 45 year-old female who injured both her hands due to repetitive motion on 3/28/14. On exam, she had evidence of an increased angle with some increased prominence about the medial epicondylar area but no swelling. She had intact strength of her hands, and minimal tenosynovial crepitus. Carpal compression testing is positive for numbness in the hand through all of the digits and radiation of discomfort into the medial elbow. Electrodiagnostic testing showed mild carpal tunnel syndrome. She was diagnosed with carpal tunnel syndrome, cervical strain/sprain, and bilateral wrist pain, sprain of hand, wrist, and shoulder. She had 6 sessions of occupational therapy for bilateral upper extremities. She wore a cock-up wrist splint at night. She also had physical therapy, acupuncture, and used medications such as Tramadol and Meloxicam. The patient reported no improvement with therapies. A carpal tunnel release was requested. The current request is for post-operative occupational therapy of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy for left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Based on the medical records provide for review, there are no sensory examinations or hand examinations which is required according to MTUS. The patient had an equivocal Tinel on exam. Her EMG showed mild carpal tunnel syndrome which was not corroborated by clinical exam. A carpal tunnel release may not be warranted which post-operative occupational therapy may not be needed. Therefore, this request is not medically necessary.