

Case Number:	CM14-0176541		
Date Assigned:	10/29/2014	Date of Injury:	06/13/1994
Decision Date:	01/29/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 59-year-old male with a 6/13/94 date of injury. At the time (10/7/14) of the Decision for Associated surgical service: occupational therapy two times a week for four weeks for the bilateral wrists (quantity 8), there is documentation of subjective (not specified) and objective (tenderness over carpal tunnel and positive tinels as well as phalen's sign) findings, current diagnoses (carpal tunnel syndrome), and treatment to date (steroid injection, splinting, previous occupational therapy, and medications). There is no documentation of a pending surgery that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two times a week for four weeks for the bilateral wrists (quantity 8):
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 10.

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. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. However, given there is no documentation of pending surgery that has been authorized/certified. In addition, the requested occupational therapy treatments exceeds guidelines (1/2 the number of sessions recommended for the general course of therapy). Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: occupational therapy two times a week for four weeks for the bilateral wrists (quantity 8) is not medically necessary.