

Case Number:	CM14-0191128		
Date Assigned:	11/24/2014	Date of Injury:	09/24/2013
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

This female has progressively worsening pain and tingling in her right hand. Nerve conduction studies showed right carpal tunnel syndrome, and MRI showed a herniated disc in her cervical spine. Carpal tunnel release was performed on 6/19/14. Despite at least four sessions of postoperative therapy, she continues to have pain and has not been able to return to work. His symptoms are minimally improved. She is referred for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 6 Sessions, Right Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy/ Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, up to 8 visits are allowed following carpal tunnel release. This patient has had at least four sessions. Approval of an additional six sessions would exceed the MTUS therapy guidelines. The patient has had a sub-optimal outcome from her surgery, but this is more likely related to her disease than to any issue with her surgery. She may indeed benefit from functional restoration. There is not an indication to exceed the MTUS recommended therapy guidelines. The request is not medically necessary.

