

Case Number:	CM14-0202910		
Date Assigned:	12/15/2014	Date of Injury:	05/01/2012
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, 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:

The injured worker is a forty-eight years old male who sustained a work-related injury on May 1, 2012. His diagnoses included myofascial sprain of the cervical spine and lumbar spine, mild carpal tunnel syndrome of the bilateral wrists, peripheral neuropathy, impingement syndrome of the right shoulder with slap tear, right shoulder sprain, and left shoulder sprain. His past treatments have included chiropractic care, physical therapy and epidural steroid injections. Diagnostic studies have included urine drug screens. His surgical history included a right shoulder arthroscopy on February 12, 2014. The progress report dated 11/12/2014 documents the patient has continued complaint of pain to his right shoulder and right hand. Physical exam findings include right wrist flexion and extension at 60 degrees, radial and ulnar deviation at 30 degrees, left wrist flexion and extension at 60 degrees, radial deviation at 20 degrees and ulnar deviation at 30 degrees. Bilateral wrists were positive for Tinel's, and Phalen's. Bilateral wrists negative for Finkelstein's. His medications included Norco 10/325. His treatment plan included evaluation and management, pain medication, urine drug screen and follow up visits. The rationale for the request and the request for authorization form were not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy, 2 times a week for 4 weeks for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The request for postoperative occupational therapy, 2 times a week for 4 weeks for the bilateral wrists is not medically necessary. The injured worker has not yet been cleared for surgery. Although the guidelines state that for an endoscopic carpal tunnel syndrome release, the postsurgical treatment recommendation is 3 to 8 visits over 3 to 5 weeks. However, as the injured worker has not been cleared yet for surgery, the request for postoperative occupational therapy is not medically necessary.