

Case Number:	CM14-0207202		
Date Assigned:	12/19/2014	Date of Injury:	12/13/2013
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker has a date of injury of 9/27/98. Complaints include neck stiffness, burning left shoulder and back pain and wrist pain. The injured worker is status post 2 cervical surgical procedures. Treatment has included chronic pain medical management, physical therapy and cervical epidural steroid injections. Physical examination reveals persistent cervical spine tenderness and limited range of motion in all planes, diminished upper extremity reflexes and sensation. Additionally there is evidence of lumbar paraspinal tenderness and positive straight leg raise tests and decreased sensation in the right L 4-5 dermatome. For the diagnosis of right carpal tunnel syndrome, carpal tunnel release surgery was performed on 4/10/14. Left Carpal tunnel release was delayed in lieu of corticosteroid injection treatment. Post operatively, requests was made for hand therapy to bilateral upper extremities for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 6 sessions to bilateral hands: 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): 15-16.

Decision rationale: The injured worker has a diagnosis of chronic pain syndrome. She is status post unilateral carpal tunnel release surgery. Post operative occupational therapy is requested by the treating surgeon X 6 sessions. MTUS guidelines recommends 3-5 visits over 4 weeks of occupational therapy for carpal tunnel syndrome following surgery. Request for 6 sessions exceeds MTUS guidelines and is therefore not medically necessary.