

Case Number:	CM14-0094647		
Date Assigned:	07/25/2014	Date of Injury:	06/18/2013
Decision Date:	05/01/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 6/18/2013. The current diagnoses are left wrist tenosynovitis, left wrist pain; rule out bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel release. According to the progress report dated 6/6/2014, the injured worker complains of bilateral wrist pain. The right wrist pain is rated 3/10. She continues to have numbness at night to the whole right hand. She describes the left hand as having shooting pain in the left middle and index finger. Treatment to date has included surgical intervention and post-operative occupational therapy. The plan of care includes 8 additional occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133 Page(s): Physical Medicine, page(s) 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels". Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". This patient has previously had the recommended number of occupational therapy treatments, but now his physician is requesting an additional 8 sessions. The guidelines recommend fading of treatment frequency, and use of a home exercise program, which this request for additional occupational therapy does not demonstrate. Likewise, this request is not medically necessary.