

Case Number:	CM15-0003560		
Date Assigned:	01/14/2015	Date of Injury:	01/01/2013
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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:

The injured worker is a 31 year old female, who sustained an industrial injury on January 1, 2013. She has reported bilateral arm injuries. The diagnoses have included left and right carpal tunnel syndrome. Treatment to date has included right carpal tunnel surgery. Currently, the injured worker complains of symptoms related to left carpal tunnel syndrome. On examination, the injured worker had a well-healed surgical incision of the right wrist and her left side was documented as being stable. On December 19, 2014 Utilization Review non-certified a request for occupational therapy 2 x 4 weeks for the bilateral hands/wrists, noting that there was no documentation as to why the injured worker was not able to continue with a home exercise program. The California Medical Treatment Utilization Schedule was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of occupational therapy 2 x 4 weeks for the bilateral hands/wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x4 Weeks of the Bilateral Hands/Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: This patient presents with bilateral hand pain. The patient is status post right hand carpal tunnel release from 09/10/2014. The treater is requesting OCCUPATIONAL THERAPY 2 TIMES 4 WEEKS OF THE BILATERAL HANDS/WRIST. The RFA was not made available. The patient's date of injury is from 01/01/2013 and her current work status is modified duty. The MTUS Post-Surgical Guidelines page 15 for carpal tunnel syndrome recommends 3-8 visits for 3-5 weeks. There are no occupational therapy reports found in the medical records provided. The 10/31/2014 report notes that the patient still has some discomfort but is improving. The treater wants the patient to continue with her therapy. The 12/02/2014 report notes that the patient's right hand is slowly healing. She continues to have symptoms on the left and she can benefit for more therapy on the right hand. The utilization review dated 12/19/2014 denied the request stating that the patient has had adequate occupational therapy. In this case, it appears that the patient has received postsurgical occupational therapy and the treater would like additional therapy visits given the patient's right hand symptoms. While the patient reports improvement, the requested 8 additional sessions would exceed MTUS Post-Surgical Guidelines. The patient should now be able to transition into a home exercise program to improve strength and mobility. The request IS NOT medically necessary.