

Case Number:	CM15-0100821		
Date Assigned:	06/03/2015	Date of Injury:	09/11/1997
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female who sustained an industrial injury on September 11, 1997. She has reported injury to the left hand and has been diagnosed with status post revision left carpal tunnel release with hypothenar flap and recurrent right carpal tunnel syndrome. Treatment has included surgery, rest, splinting, injections, and therapy. Objective findings note there was slight tenderness over the left carpal tunnel scar. There was slight stiffness in the left wrist. The Tinel's sign and Phalan's test were positive at the right carpal tunnel and negative on the left. She complains of pain and sensitivity in the left hand. The numbness in the left hand was improved. She continued with numbness in the right hand. The treatment request included Occupational therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x6 for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome, post surgical treatment guidelines Page(s): 15.

Decision rationale: According to MTUS, "there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported". Based on these guidelines the requested duration of OT is beyond the scope of initial treatment guidelines. Therefore the request is not medically necessary.