

Case Number:	CM15-0016147		
Date Assigned:	02/04/2015	Date of Injury:	06/25/2013
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 39 year old female, who sustained an industrial injury on 6/25/2013 resulting from lifting heavy boxes. The diagnoses have included bilateral carpal tunnel syndrome status post right carpal tunnel release, and ongoing right forearm discomfort and pillar pain. Treatment to date has included carpal tunnel release dated 10/02/2014 followed by postoperative physical therapy. Currently, the IW complains of ongoing tenderness and swelling through the palm. There is some radiating discomfort through the volar forearm musculature. Objective findings included ongoing fullness through the area of the carpal tunnel release incision. There is no evidence of any tenderness throughout the forearm. She has ongoing carpal compression on the left side. On 1/14/2015, Utilization Review non-certified a request for occupational therapy (2x4) for the right wrist noting that the request exceeds the guideline recommendations for post-operative therapy. The MTUS post-surgical guidelines were cited. On 1/28/2015, the injured worker submitted an application for IMR for review of occupational therapy (2x4) 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 for the right wrist, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 16.

Decision rationale: The California MTUS guidelines-Post-surgical treatment guidelines-Carpal Tunnel Syndrome recommend 3-8 visits over 3-5 weeks. The documentation does not include a review of factors that would suggest these recommendations be changed. Home exercise programs and use of ice packs are recommended. The requested treatment: Occupational therapy for the right wrist, twice weekly for four weeks is not medically necessary and appropriate.