

Case Number:	CM15-0131125		
Date Assigned:	07/17/2015	Date of Injury:	07/25/2014
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 38 year old male, who sustained an industrial injury on July 25, 2014. He reported repetitive use injury of his bilateral hands. The injured worker was diagnosed as status post-open reduction internal fixation of fractured right scaphoid at seventeen years of age and bilateral carpal tunnel syndrome, left greater than right. Treatment to date has included physical therapy, surgery, medication, activity modification, braces, medication and diagnostic studies. On July 14, 2015, the injured worker complained of increased pain in his right hand. He stated that he experienced cramping in the right hand while working on a manual lift at work. This occurred on the day prior to the exam date. There is numbness in the right ring and small fingers along with tingling in the right hand. The symptoms are exacerbated by use, gripping/grasping and when pressure is applied to the wrist. He was not taking any medication at the time of the exam. The treatment plan included over the counter NSAID, physical therapy, exercises and a follow-up visit. On June 30, 2015, Utilization Review non-certified the request for occupational therapy for right wrist times twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for Right Wrist x12 sessions: 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.

Decision rationale: Per MTUS guidelines, 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 a maximum of 8 visits. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. In this case, the injured worker has completed at least 12 occupational therapy visits without significant increase in function that would warrant continued visits beyond the recommendations of the guidelines. Additionally, the injured worker should be able to continue with a self-directed rehabilitation program at this time. The request for occupational therapy for right wrist x 12 sessions is determined to not be medically necessary.