

Case Number:	CM15-0131955		
Date Assigned:	07/20/2015	Date of Injury:	12/05/2009
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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:

This 51 year old woman sustained an industrial injury on 12/5/2009. The mechanism of injury is not detailed. Diagnoses include right carpal tunnel syndrome, right hand tendon strain, and right middle finger trigger finger. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 6/23/2015 show complaints of right wrist and hand pain. Recommendations include occupational therapy, Ibuprofen, right wrist brace, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 8 sessions, right wrist and hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The requested Occupational therapy 8 sessions, right wrist and hand, is not medically necessary. CA MTUS Post-Surgical Guidelines, Page 16, Carpal tunnel syndrome

(ICD9 354.0) noted: "Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months." The injured worker has right wrist and hand pain. The treating physician has not documented objective evidence of derived functional improvement from completed occupational therapy sessions, nor the medical necessity for additional therapy beyond referenced guideline recommendations to establish a transition to a dynamic independent home exercise program. The criteria noted above not having been met, Occupational therapy 8 sessions, right wrist and hand is not medically necessary.