

Case Number:	CM15-0144307		
Date Assigned:	08/05/2015	Date of Injury:	01/24/2013
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 01-24-2013. She has reported injury to the left wrist, left shoulder, right wrist, and low back. The diagnoses have included right carpal tunnel syndrome; left shoulder impingement; lumbar spine strain with findings consistent with lumbar radiculopathy; and status post left wrist carpal tunnel release, on 04-20-2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol. A progress note from the treating physician, dated 04-09-2015, documented a follow-up visit with the injured worker. The injured worker reported that she had surgery of the left wrist, carpal tunnel release, on 04-20-2015; wrist pain rated at 6 out of 10 on the pain scale; neck pain rated at 7 out of 10 on the pain scale; left shoulder pain rated at 8 out of 10 on the pain scale; right shoulder pain rated 6-7 out of 10 on the pain scale; right hand-wrist pain rated 6 out of 10 on the pain scale, with occasional numbness and tingling; and low back pain rated at 6 out of 10 on the pain scale. Objective findings included the left wrist wound is clean, dry, and intact, with no sign of infection; left shoulder has positive Neer's impingement test and positive Hawkins impingement test; the right wrist-hand has tenderness over the volar and dorsal aspect of the wrist; positive Phalen's test and positive Durkan's median compression test; muscle spasm present in the trapezius musculature, increasing pain towards terminal range of motion; and lumbar paraspinal musculature tenderness to palpation. The treatment plan has included the request for post-op occupational therapy 2-3 times a week for 6 weeks to the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy 2-3 times a week for 6 weeks to the left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 28.

Decision rationale: According to the guidelines, therapy is recommended for 3-8 visits over 3-5 week after carpal tunnel surgery. In this case, the claimant had carpal tunnel release. The amount of total sessions requested (12-18) exceeds the amount recommended by the guidelines. There is no indication that additional therapy cannot be completed at home. The request for the therapy sessions above is not medically necessary.