

Case Number:	CM15-0146329		
Date Assigned:	08/07/2015	Date of Injury:	02/18/2013
Decision Date:	09/10/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who sustained an industrial injury on 02-18-03. Initial complaints and diagnoses are not available. Treatments to date include medications, therapy, conservative care, and surgery on her left hand and left long finger. Diagnostic studies are not addressed. Current complaints include left hand pain. Current diagnoses include status post left carpal tunnel release and left long finger sympathectomy. In a progress note dated 07-08-15, the treating provider reports the plan of care as additional therapy and medications including Motrin and Vicodin. The requested treatments include occupational therapy to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x a week for 3 weeks for the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient was injured on 02/18/13 and presents with left hand pain and left knee pain. The request is for occupational therapy 2 x a week for 3 weeks for the left hand for "aggressive range of motion modalities as well as strengthening." The RFA is dated 07/22/15 and the patient's current work status is not provided. On 04/24/15, the patient underwent a left hand carpal tunnel release. MTUS Post-Surgical Guidelines, Carpal Tunnel Syndrome, page 15 indicates that the patient is allowed to have 3-8 visits over 3-5 weeks. The postsurgical treatment period is 3 months. The patient is diagnosed with status post left carpal tunnel release and left long finger sympathectomy. The request is for 6 sessions of occupational therapy for aggressive range of motion modalities as well as strengthening. The 07/08/15 report states that "with the course of therapy a significant improvement with the scar tissue formation in the volar aspect of the long finger." Although the patient is having improvement with her prior therapy, there is no indication of how many total sessions the patient has already had. An additional 6 sessions to the sessions she has already had may exceed what is allowed by MTUS Guidelines. Therefore, the request is not medically necessary.