

Case Number:	CM15-0148061		
Date Assigned:	08/11/2015	Date of Injury:	09/29/2014
Decision Date:	09/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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, Hawaii

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 35 year old female, who sustained an industrial injury on September 29, 2014. She reported pain, numbness, tingling and tightening in her hand, elbow, arm, shoulder and neck (left greater than right). Treatment to date has included x-rays, electrodiagnostic study, physical therapy, occupational therapy, surgery, medication and acupuncture. Currently, the injured worker complains of pain in her bilateral hands, wrists, arms, elbows and shoulders. She reports she is unable to push, pull or grip. She also states she is unable to carry her eight-month-old niece or hold a cup in her hand. She reports the pain limits her ability to function and engage in activities of daily living. The injured worker is currently diagnosed with carpal tunnel syndrome and forearm and elbow sprain-strain. A note dated July 17, 2015 states that physical and occupational therapy was beneficial, but did not resolve her symptoms. The therapeutic response to surgery, medication and acupuncture was not included in the documentation. Occupational therapy for the left wrist (6 additional post-operatively) is requested to decrease pain and restore function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op occupational therapy for the left wrist x 6: 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 presents status post carpal tunnel surgery. The current request is for additional post-op occupational therapy for the left wrist x 6. The report with this request was not provided for review. The reviewing physician states in the utilization report dated 7/10/15, "The claimant has had prior postoperative occupational therapy authorized (12 sessions)." (4A) The MTUS Guidelines support 3-8 visits over a 3-month period post carpal tunnel release. In this case, it is unclear how many sessions of physical therapy the patient has completed but this request would exceed the MTUS guidelines' recommended amount of 3-8 visits in addition to the patient's authorized 12. The current request is not medically necessary.