

Case Number:	CM15-0160513		
Date Assigned:	08/26/2015	Date of Injury:	12/15/2010
Decision Date:	09/29/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 61-year-old male who reported an industrial injury on 12-15-2010. His diagnoses, and or impression, were noted to include: carpal tunnel syndrome. No current imaging studies were noted. His treatments were noted to include: surgical intervention and medication management. The progress notes of 5-19-2015 reported a 4-day post-right "ECTR" surgery follow-up visit. Objective findings were noted to include mild swelling and tenderness at the healing surgical site, with slight limitation of full composite flexion of all fingers in the right hand; and that he picked up his antibiotics and analgesics, for some reason, the day before. The physician's requests for treatments were noted to include the initiation of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is carpal tunnel syndrome. Date of injury is December 15, 2010. Request authorization is August 5, 2015. The worker is status post endoscopic carpal tunnel release on the right May 15, 2015. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization August 5, 2015. The most recent progress note is dated May 19, 2015. At that time, the injured worker was four days post operative. The treatment plan states begin occupational therapy three times a week for four weeks. It is unclear from the documentation whether the injured worker received 12 occupational therapy visits or 3- 8 occupational therapy visits (according to the recommended guidelines). There is no contemporary compelling clinical documentation indicating additional physical therapy is warranted. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no contemporary compelling clinical documentation indicating additional occupational therapy is warranted, no documentation indicating the total number of occupational therapy sessions, occupational therapy three times per week times four weeks is not medically necessary.