

Case Number:	CM15-0164314		
Date Assigned:	09/01/2015	Date of Injury:	04/21/2014
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Preventive Medicine, Occupational 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 52 year old female who reported an industrial injury on 4-21-2014. Her diagnoses, and or impression, were noted to include: right carpal tunnel syndrome, status-post right carpal tunnel release surgery on 3-26-2015; and left carpal tunnel syndrome, status-post left carpal tunnel release on 7-2-2015. No current imaging studies were noted. Her treatments were noted to include: post right carpal tunnel release surgery occupational therapy; use of splint; medication management; and rest from work before a return to modified work duties. The progress notes of 7-13-2015 reported a 10 day post-left carpal tunnel release surgery visit with notation that she was doing well, and was compliant with post-operative dressing and splint. Objective findings were noted to include left carpal tunnel release. The physician's requests for treatments were noted to include occupational therapy for the bilateral hands due to continued soreness and stiffness after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 time per week for 4 weeks for the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16.

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

Decision rationale: MTUS Post Surgical Guidelines are very specific with the recommendation that 3-8 sessions of therapy is adequate post-carpal tunnel release. This individual has no complications or exceptional circumstances that would support exceeding the Guideline recommendations by this significant amount. The request for Occupational Therapy 3 time per week for 4 weeks for the bilateral hands is not supported by Guidelines. The request for the amount of physical therapy is not medically necessary.