

Case Number:	CM15-0165214		
Date Assigned:	09/02/2015	Date of Injury:	03/21/2015
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male, who sustained an industrial injury on 3-21-15. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included 6 physical therapy sessions, the use of a wrist brace, and medication. Physical examination findings on 7/28/15 included a positive Durkan's compression test and a decrease in sensation to the radial 4 digits. Currently, the injured worker complains of right wrist pain with weakness, swelling, stiffness, numbness, and tingling in the right arm. The treating physician requested authorization for occupational therapy 2x4 for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2xwk x 4wks right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in March 2015 and is being treated for right carpal tunnel syndrome. Treatments have included therapy with completion of six

sessions as of 05/06/15. Electrodiagnostic testing in May 2015 confirmed findings of moderately severe right carpal tunnel syndrome. When seen, physical examination findings included positive compression and Tinel's testing. There was decreased sensation. An open carpal tunnel release was being planned and postoperative therapy was requested. Carpal tunnel release surgery is considered an effective operation. After the surgery being planned, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the post-surgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and not considered medically necessary.