

Case Number:	CM15-0183349		
Date Assigned:	09/24/2015	Date of Injury:	09/05/2013
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/17/2015

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: Pennsylvania, Ohio, 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 47 year old female, who sustained an industrial injury on 9-05-2013. The injured worker is being treated for carpal tunnel syndrome status post right carpal tunnel release (7-14-2015), and left carpal tunnel syndrome. Treatment to date has included 6 prior visits (as of 9-05-2015) of occupational therapy. Per the Primary Treating Physician's Progress Report dated 9-01-2015 the injured worker reported that her pain and strength are improving with therapy. She is having increasing pain in the rights shoulder and persistent numbness in the left hand. Objective findings included positive Phalen's test and Tinel's sign at the left carpal tunnel and negative on the right. There was mild swelling and tenderness over the right carpal tunnel scar. Work status was temporary total disability. The plan of care included surgical intervention for the right shoulder and continuation of occupational therapy for the right wrist- 12 sessions (2x6) to work on stretching modalities and strengthening. On 9-16-2015 Utilization Review non-certified the request for extension occupational therapy for the right hand - 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension occupational therapy right hand for 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. Moreover this request substantially exceeds MTUS guidelines for physical or occupational therapy after a carpal tunnel release, without a rationale for an exception to this specific guideline. This request is not medically necessary.