

Case Number:	CM15-0189472		
Date Assigned:	10/01/2015	Date of Injury:	09/27/2013
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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 51 year old female, who sustained an industrial-work injury on 9-27-13. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome. Medical records dated 9-11-15 indicate that the injured worker complains of minimal hand numbness and is feeling much better and does not have as much symptoms as she used to have since she has been laid off of work. Per the treating physician report dated 9-11-15 the injured worker has not returned to work as she was laid off from her job. The physical exam dated 9-11-15 of the bilateral hands and wrists reveals that the range of motion of the right and left wrist is within normal limits. The physician indicates that an electromyography (EMG) "revealed evidence of carpal tunnel syndrome." The physician indicates that "she has carpal tunnel syndrome and she would benefit from having some therapy and strengthening." The acupuncture note session 8 visits indicated that the injured worker is awaiting consult with hand surgeon to decide if carpal tunnel release is necessary. Treatment to date has included pain medication, diagnostics, occupational therapy at least 8 sessions, work modifications, off of work and other modalities. The request for authorization date was 9-11-15 and requested service included Occupational Therapy Two (2) Times a Week for Four (4) Weeks for the Bilateral Hand. The original Utilization review dated 9-16-15 non-certified the request for Occupational Therapy Two (2) Times a Week for Four (4) Weeks for the Bilateral Hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Two (2) Times a Week for Four (4) Weeks for the Bilateral Hand:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Chapter, Physical Therapy.

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

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. This request is not medically necessary.