

Case Number:	CM15-0189526		
Date Assigned:	10/01/2015	Date of Injury:	12/24/2013
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial-work injury on 2-24-13. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome right wrist status post right carpal tunnel release. Medical records dated 8-31-15 indicate that the injured worker complains of increased right hand pain. The physician indicates that the injured worker needs to continue with occupational therapy sessions for right wrist to increase function and grip strength. Per the treating physician, report dated 8-31-15 the injured worker has not returned to work. The physical exam (7-20-15 to 8-31-15) reveals the right wrist has positive swelling and pain, improved grip, pain with grip, decreased sensation, positive pain with Tinel's, positive tenderness to palpation and weakness is noted. Treatment to date has included pain medication including Tramadol, right carpal tunnel release surgery 7-13-15, occupational therapy at least 4 sessions, and other modalities. The request for authorization date was 8-31-15 and requested service-included Occupational therapy 2 times a week for 3 weeks, right wrist. The original Utilization review dated 9-3-15 modified the request for Occupational therapy 2 times a week for 3 weeks, right wrist modified to occupational therapy for the right wrist 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 3 weeks, right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The CA MTUS recommends limited physical or occupational therapy post-operatively for carpal tunnel syndrome. Guidelines allow for 3-8 sessions over 305 weeks. In this case, four sessions of occupational therapy have already been provided. The request is for 6 additional sessions. This would exceed guidelines. The original UR decision modified the request and allowed four additional sessions (for a total of 8 sessions). The request for 6 sessions (2 x 3) of occupational therapy for right wrist is not medically necessary.