

Case Number:	CM15-0199352		
Date Assigned:	10/14/2015	Date of Injury:	08/28/2007
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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:

The injured worker is a 44 year old female, who sustained an industrial injury on August 28, 2007. She reported a sharp pain in her right palm with radiation up to her right arm and to her shoulder with swelling to the hand. The injured worker was currently diagnosed as status post thoracic outlet syndrome, right carpal tunnel syndrome status postoperative and clinical depression. Treatment to date has included diagnostic studies, surgery, physical therapy, injection and medication. On August 28, 2015, the injured worker presented for a follow-up evaluation of right carpal tunnel release (on 07-02-2015). She reported a decrease in symptoms. She noticed some tenderness to palpation over the surgical site and the right wrist. Physical examination revealed good active range of motion of her fingers, wrist and elbow. Tenderness was noted over the surgical site but it was noted to be well healing. The treatment plan included over-the-counter medications, follow-up visit, return to modified work and occupational therapy two times a week for six weeks. On September 17, 2015, utilization review denied a request for occupational therapy two times a week for six weeks for the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x6 Right Wrist/Hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: MTUS 2009 post surgical guidelines for carpal tunnel syndrome recommend up to eight sessions of physical therapy for an open carpal tunnel release. This request for 12 sessions of occupational therapy post carpal tunnel release exceeds MTUS 2009 guidelines. However, the clinical exam reveals significant incisional tenderness exceeding what would be expected at this point in time. This in addition to the patients other medical conditions warrant treatment exceeding MTUS 2009 recommendations. Therefore, this request for 12 sessions of occupational therapy is medically necessary.