

Case Number:	CM15-0215745		
Date Assigned:	11/05/2015	Date of Injury:	04/08/2013
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 (IW) is a 33 () year old female, who sustained an industrial injury on 4-08-2013. The injured worker is being treated for status post right index finger laceration, now with extensor lag and possible neuroma, right DeQuervain's tenosynovitis, right flexor carpi radialis tendonitis, bilateral medial nerve entrapment status post right median nerve decompression at the wrist and rule out nerve entrapment at the elbow (negative per EMG (electromyography) on 4-22-2014). Treatment to date has included pain medication, therapy, splinting, diagnostics, work restrictions, right finger injection, and surgical intervention (right median nerve decompression on 3-02-2015) followed by physical therapy and home exercise. It is unclear from the medical records submitted how many visits of physical therapy the IW has received. Per the Qualified medical Examination dated 7-07-2015 she underwent 3-4 visits of postoperative physical therapy as of that date. Per the Primary Treating Physician's Progress Report dated 9-30-2015, the injured worker presented for orthopedic reevaluation. She reported pain in the whole arm today with numbness and a little tingling. Objective findings of the right upper extremity included sensation intact in all digital pulps, equal range of motion bilaterally, a well healed incision and no discoloration, triggering or skin, hair or nail changes. The skin was pink, moist and warm. The notes from the provider do not document efficacy of the current treatment. Work status was modified. The plan of care included, and authorization was requested on 10-02-2015 for 8 visits (2x4) of occupational therapy for the right wrist. On 10-08-2015, Utilization Review non-certified the request for 8 visits (2x4) of occupational therapy 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 2 times a week for 4 weeks right wrist: Overturned

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for occupational therapy sessions. MTUS guidelines state the following: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months According to the clinical documentation provided and current MTUS guidelines; 8 occupational therapy session are medically necessary to the patient at this time.