

Case Number:	CM15-0216358		
Date Assigned:	11/06/2015	Date of Injury:	12/09/2013
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
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: California, Hawaii
 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 38-year-old female who sustained an industrial injury on 12-9-2013 and has been treated for left carpal tunnel syndrome. On 10-19-2015 the injured worker reported occasional left hand numbness, and some pillar pain. Objective findings include mild swelling and tenderness to the left proximal palm, full range of motion with all fingers, her sensory and motor examination were noted as "intact," and her grip was 40 on the right and 30 on the left. Documented treatment includes carpal tunnel release 6-26-2015, and at least 5 completed post-operative physical therapy sessions out of 6 approved, with note number 5 stating "unchanged condition." Recent medications have included Voltaren, and Ultram. The treating physician's plan of care includes additional occupational therapy for the left hand three times a week for four weeks. Rationale for this request was not evident in the record. The request was denied on 10-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 times weekly (12 sessions) for the left hand: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left hand. The current request is for Occupational therapy 3 times weekly (12 sessions) for the left hand. The treating physician report dated 10/19/15 (11B) states, She is 3-1/2 months status post left ECTR. MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 3-8 sessions for carpal tunnel syndrome. The MTUS-PST guidelines only provide a total of 3-8 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 6 sessions of postoperative physical therapy for the left hand previously (13B). The patient is status post endoscopic carpal tunnel syndrome surgery. In this case, the patient has received at least 6 sessions of physical therapy to date and the current request of 12 visits exceeds the recommendation of 3-8 visits as outlined by the MTUS-PSTG guidelines. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.