

Case Number:	CM15-0030711		
Date Assigned:	02/24/2015	Date of Injury:	11/08/2012
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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: Orthopedic Surgery

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 28-year-old female, who sustained an industrial injury on 11/08/2012. The diagnoses have included deep soft tissue mass and carpal tunnel syndrome. Noted treatments to date have included right carpal tunnel release and excision of dorsal ganglion to right wrist on 09/02/2014, Occupational Therapy, and medications. No MRI report noted in received medical records. In a progress note dated 01/22/2015, the injured worker presented for a postoperative visit. The treating physician reported requesting additional Occupational Therapy sessions. Utilization Review determination on 01/22/2015 non-certified the request for Continued Postoperative Occupational Therapy 2x4, right wrist citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post Operative Occupational Therapy two visits times four weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. From the submitted records there is insufficient documentation of how many visits have been performed postoperatively. In addition the request is outside the 3 month allowed window. Therefore the determination is for non-certification.