

Case Number:	CM15-0041388		
Date Assigned:	03/06/2015	Date of Injury:	02/04/2014
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 50 year old male who sustained an industrial injury on 02/04/2014. Current diagnosis includes status post right carpal tunnel release. Previous treatments included medication management, therapy, cortisone injection in the right wrist, right carpal tunnel release on 10/18/2014, and post-operative physical therapy. Current diagnostic studies included EMG/NCS on 06/06/2014 and 01/23/2015. Initial complaints occurred when the worker caught his right hand in a machine and suffered a laceration to the right hand, the laceration healed. However, he was left with numbness in the right hand in the thumb, index finger, and middle finger. Report dated 02/16/2015 noted that the injured worker presented with complaints that included continued numbness in his thumb, index finger, and middle finger following right carpal tunnel release. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for occupational hand therapy 2 times per week for 4 weeks, administration of a diagnostic steroid injection in the right carpal tunnel, and refill Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, twice a week for 4 weeks to the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: Guidelines state that occupational therapy is appropriate for 3-8 visits over 3-5 weeks after which time the patient should continue active exercise programs at home to continue and maintain function. In this case, the patient already completed initial sessions of therapy and should have been involved in home exercise programs. Thus, the request for 8 visits of occupational therapy is not medically necessary and appropriate.