

Case Number:	CM15-0043144		
Date Assigned:	03/13/2015	Date of Injury:	04/05/2012
Decision Date:	05/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/07/2015

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: 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 41-year-old female who reported an injury on 04/05/2012. The mechanism of injury involved repetitive activity. The current diagnoses include carpal tunnel syndrome, pain in According to the U.S. National Library of Medicine, azilsartan is used alone or in combination with other medications to treat high blood pressure. In this case, it is noted that the injured worker has been diagnosed as having hypertension. However, there is no documentation of a history or previous treatment that has been provided. Prior blood pressure readings were not submitted with the corresponding treatment given and results of such treatment. The medical rationale for the requested compounded medication was not provided. There is also no frequency listed in the current request. Given the above, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy (OT) 2 times 6 to the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Post surgical treatment following open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 12 sessions of occupational therapy would exceed guideline recommendations. Additionally, there was no documentation of significant functional improvement following the initial course of treatment. Given the above, the request is not medically necessary at this time.