

Case Number:	CM15-0051337		
Date Assigned:	03/24/2015	Date of Injury:	09/20/2007
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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(n) 43 year old female, who sustained an industrial injury on 9/20/07. She reported burning, tingling and numbness in the right wrist and hand related to cumulative trauma. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included right carpal tunnel release, physical therapy and pain medications. As of the PR2 dated 2/12/15, the treating physician noted a well healed wound without evidence of infection, but some swelling and ecchymosis was present. The treating physician requested occupational therapy 2 x weekly for 6 weeks 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 (OT) 2x6 Right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured employee has had a carpal tunnel release on the right wrist performed on February 2, 2015. The attached medical record indicates that there has already

been five visits of postoperative physical therapy for this condition with noted improvement. Considering the guideline recommendations and the injured employee's progress, this request for an additional 12 visits of occupational therapy for the right wrist is not medically necessary.