

Case Number:	CM15-0053646		
Date Assigned:	03/27/2015	Date of Injury:	08/20/1996
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 54 year old male/female, who sustained a work/ industrial injury on 8/20/96. She has reported initial symptoms of bilateral hand and wrist pain. The injured worker was diagnosed as having carpal tunnel syndrome, cubital/radial tunnel syndrome. Treatments to date included medication, surgery (right carpal tunnel release, radial/cubital tunnel release, left carpal tunnel release with tenosynovectomy of flexor tendons palm, ulnar nerve transposition, radial tunnel release), and therapy sessions. Currently, the injured worker complains of bilateral hand pain. The treating physician's report (PR-2) from 1/27/15 indicated gradual improvement s/p surgery but symptoms are now worsening upon return to work with significant repetitive activity. Examination revealed full active and passive range of motion of hand, wrist, and elbows. She had mild tenderness and no evidence of infection. Treatment plan included Occupational therapy to the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy left upper extremity 8 sessions: Upheld

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

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

Decision rationale: The request for occupational therapy is considered not medically necessary. The patient had completed 18 sessions of therapy postoperatively and was continuing a home exercise program. This already exceeded the recommended maximum number of therapy sessions. An additional eight sessions does not appear medically necessary. The patient restarted full-time work and is likely adjusting. A home exercise program would be the next step at this time, which the patient is already doing.