

Case Number:	CM15-0053865		
Date Assigned:	03/27/2015	Date of Injury:	03/11/2013
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
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: California

Certification(s)/Specialty: Internal 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 37 year old female, who sustained an industrial injury on 03/11/2013. The medical records submitted for this review did not include the details regarding the initial injury. She is status post left carpal tunnel release on 2/5/15. Diagnoses include bilateral wrist tenosynovitis, bilateral carpal tunnel syndrome, and bilateral forearm tendinitis. Treatments to date include mediation therapy, activity modification and physical/occupational therapy. Currently, she reported some improvement in pain and swelling in the left arm with therapy. On 3/26/15, the physical examination documented bilateral swelling and tenderness over dorsal aspect of wrists. Tinel's sign and Phalen's tests were positive in the right wrist. The plan of care included continued occupational therapy and medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicates that for carpal tunnel syndrome surgery, 3-8 visits of postsurgical physical therapy are recommended. The primary treating physician's progress report dated 2/12/15 documented that the patient was status post carpal tunnel release surgery. Occupational therapy two times a week for six weeks (12) was requested. The MTUS Postsurgical Treatment Guidelines indicates that for carpal tunnel syndrome surgery, 3-8 visits of postsurgical physical therapy are recommended. The request for 12 visits of occupational therapy exceeds MTUS guidelines, and is not supported. Therefore, the request for occupational therapy two times a week for six weeks (12) is not medically necessary.