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| Case Number: | CM15-0059671 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 11/08/2012 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old female, who sustained an industrial injury on November 8, 2012. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included electrodiagnostic studies, work modifications, a wrist brace, home exercise program, right carpal injection, right wrist cyst aspiration, proton pump inhibitor and non-steroidal anti-inflammatory medications, and postoperative occupational therapy. She underwent an endoscopic carpal tunnel release and excision of a dorsal ganglion cyst of the right wrist on September 2, 2014. On January 22, 2015, the injured worker reports she is still improving. She still has right hand and wrist weakness and intermittent pain. The physical exam revealed mild tenderness at the dorsal scapholunate joint, excellent range of motion, and grip weakness. The treatment plan includes an additional 12 visits of occupational therapy 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 for 12 visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: MTUS discusses post-operative PT/OT at length with reference to carpal tunnel syndrome. This guideline very specifically discourages extended therapy after carpal tunnel release surgery, rarely supporting more than 8 visits of 5 weeks. The records in this case propose to substantially exceed this guideline; however, a rationale is not provided for such an exception. Overall, this request is not medically necessary.