

Case Number:	CM15-0081819		
Date Assigned:	05/04/2015	Date of Injury:	07/29/2009
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 51-year-old female who sustained an industrial injury on 7/29/2009. Her diagnoses, and/or impressions, are noted to include median nerve neuritis versus early right carpal tunnel syndrome with right wrist ganglion cyst and dorsal pain/swelling - rule-out internal derangement; mild De Quervain's stenosing tenosynovitis right wrist; mild right cubital tunnel syndrome; right cervical radiculopathy; right shoulder partial rotator cuff tear and adhesive capsulitis. No current imaging studies are noted. Nerve conduction studies of the right upper extremity are noted on 1/28/2015. Her treatments have included physical therapy modalities; home exercise program; remaining off work; and medication management. Progress notes of 4/7/2015 are hand written and mostly illegible, but are noted to report pain/stiffness right shoulder; pain right wrist; numbness right hand. Objective findings were noted to include tender right wrist; positive Tinels Phalen's test; no atrophy; and carpal tunnel syndrome. The physician's requests for treatments were noted to include outpatient endoscopic versus open right wrist carpal tunnel release surgery, and 1st extensor release, right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative occupational therapy, right wrist 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post surgical rehabilitation, carpal tunnel syndrome.

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

Decision rationale: The Post-Surgical Treatment Guidelines comment on the use of physical/occupational therapy in the post-operative period. These guidelines provide recommendations for the number of treatment sessions based on whether the surgery was endoscopic or open. These are as follows: Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. In this case, the number of requested sessions, twelve, exceeds the above cited Post-Surgical Treatment Guidelines. There is no justification in the medical records to indicate the rationale in exceeding the above cited recommendations. It should also be noted that a time frame was not included as part of the request for therapy. As noted above, there are specific time frame recommendations. For these reasons, post-operative occupational therapy, right wrist 12 sessions are not medically necessary.