

Case Number:	CM15-0085275		
Date Assigned:	05/07/2015	Date of Injury:	10/28/2010
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 32 year old female who sustained a work related injury October 28, 2010. Past history included s/p ulnar nerve decompression procedure, both elbows. According to a physician's notes, dated April 2, 2015, the injured worker presented s/p right endoscopic carpal tunnel release (3/6/2015). There is decreased numbness and tingling with slight numbness in the right index and middle fingers. There is mild swelling and tenderness of the right proximal palm at the surgical site and incision is well healed without infection. She has completed four authorized therapy visits with excellent improvement in range of motion and strength. Diagnoses are s/p right endoscopic carpal tunnel release; bilateral carpal tunnel syndrome. Treatment plan included a request for occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3xwk x 4wks 12 Sessions to the right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Guidelines recommend postsurgical treatment of 3-8 visits over 3-5 weeks. In this case, the patient has had 4 OT visits and continues to have a functional deficit. Although continued OT is supported, the requested number of visits exceeds guideline recommendations. The request for 3x/week for 4 weeks is not medically appropriate and necessary.