

Case Number:	CM14-0138699		
Date Assigned:	09/05/2014	Date of Injury:	03/05/1998
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 58-year-old gentleman was reportedly injured on March 5, 1998. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of numbness in the left-hand mostly along the thumb, index finger and middle finger as well as pain in the left arm. The physical examination demonstrated pain with flexion and extension of the left wrist. There was decreased range of motion of the left thumb as well as generalized edema. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right and left sided carpal tunnel release, a left ulnar fracture ORIF and a repeat left carpal tunnel exploration. A request had been made for occupational therapy two times a week for four weeks for the left wrist/hand and was not certified in the pre-authorization process on August 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two (2) times a week for four (4) weeks for the left wrist/hand:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carpal tunnel release.

Decision rationale: The injured employee has had recent surgery to include a left carpal tunnel release and neurolysis of the median nerve performed on July 15, 2014. The injured employee is currently participating in physical therapy and was stated to be progressing well. However, it is unclear how many visits of OT have been completed. The California Chronic Pain Medical Treatment Guidelines recommends 3 to 8 visits of therapy for carpal tunnel release. Considering this, the request for eight additional visits of occupational therapy for the left wrist/hand is not medically necessary.