

Case Number:	CM14-0142430		
Date Assigned:	09/10/2014	Date of Injury:	04/01/2013
Decision Date:	11/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 60 year old male with a date of injury on 4/1/2013. Records indicate the presence of left sided carpal tunnel syndrome with a surgical treatment date of 4/3/14. The injured worker also had a left shoulder injury for which surgery was advised. The injured worker had 4 occupational therapy (OT) sessions after his carpal tunnel surgery and then 6 more therapy sessions were requested. There was some "irritability" at the surgical incision and therapy sessions for desensitization were requested. At the same time, the injured worker noted some carpometacarpal (CMC) joint arthritis, at the base of the left thumb. There was a 7/3/14 follow up with the surgeon at which time he documents an unremarkable hand/wrist exam, with "minimal tenderness." More therapy was advised. Notes through 8/2/14 indicate ongoing thumb tenderness and hand/wrist complaints. On 8/20/14, recommendation for thumb trigger finger release was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 6 sessions, left wrist, left thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The data indicated that the injured worker had completed at least 10 post operative therapy sessions for the carpal tunnel syndrome condition. Follow up notes had indicated that the injured worker's key issue was the thumb arthritis and/or thumb trigger finger pathology, for which surgical release has been requested. Follow up notes from both occupational medicine provider and the orthopedic surgeon have indicated that the injured worker's left sided carpal tunnel syndrome condition has improved post operatively. Exam findings had shown only minimal tenderness. Given this, the data would suggest that the injured worker could continue with a home exercise program for further progress in alleviation of residual deficits. Note that guidelines recommend up to 8 sessions of therapy post surgery. In regard to the thumb, the physician has recommended surgery. Given this, further therapy to the thumb would not be indicated as well and thus the request is non certified.