

Case Number:	CM14-0085319		
Date Assigned:	07/23/2014	Date of Injury:	07/20/2012
Decision Date:	10/23/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 45-year-old female was reportedly injured on July 20, 2012. The most recent progress note, dated May 2, 2014, indicates that there are ongoing complaints of left elbow pain and left wrist pain. The physical examination demonstrated decreased range of motion with tenderness of the left wrist. There was a positive Phalen's test of the left wrist. Diagnostic imaging studies were not available for review. Previous treatment includes injections, a left and right sided carpal tunnel release and physical therapy. A request had been made for postoperative occupational therapy for the left wrist twice week for four weeks and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Occupational Therapy 2 x/week x 4 weeks for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines 3 to 8 visits of therapy are recommended for postoperative care after a carpal tunnel release. A review of the attached medical records indicates that the injured employee has had for

chiropractic visits and 15 visits of physical therapy since surgery. Additionally, the most recent progress note does not mention the injured employee's current range of motion, strength, or ability to function. As such, this request for an additional eight visits of occupational therapy twice week for four weeks is not medically necessary.