

Case Number:	CM15-0013341		
Date Assigned:	02/02/2015	Date of Injury:	04/11/2013
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 4/11/2013. She has reported wrist pain, subsequently undergoing right wrist arthroscopy with wafer resection and debridement on 4/23/14 and endoscopic carpal tunnel release on 11/24/14. The diagnoses have included carpal tunnel syndrome. Treatment to date has included wrist splint, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), occupational therapy. Currently, the IW complains of pillar pain and nerve recovery pain. Physical examination on 12/30/2014 documented full composite grip, normal neurological evaluation and well healed surgical incision. The plan of care included continuation of occupational therapy. On 1/14/2015, Utilization Review modified certification for occupation therapy (right wrist) to two (2) visits, noting the documentation did not include subjective or objective documentation to support the medical necessity of additional therapy as requested. The MTUS Guidelines were cited. On 1/23/2015, the injured worker submitted an application for IMR for review of additional six (6) occupation therapy (right wrist) visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional occupational therapy to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic), Physical Medicine

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

Decision rationale: The patient presents with pillar and nerve recovery pain. The request is for 6 ADDITIONAL OCCUPATIONAL THERAPY TO THE RIGHT WRIST. Patient is status post right wrist arthroscopy with wafer resection and debridement 04/23/14 and right endoscopic carpal tunnel release 11/24/14. Physical examination to the right wrist revealed well-healed surgical incision with a full composite grip. Patient diagnosis include status post right endoscopic carpal tunnel release and status post right wrist arthroscopy with wafer resection and debridement, per 12/30/14 progress report. Patient has had 20 sessions of hand therapy on her right wrist. Patient was prescribed Norco, per 11/19/14 progress report. Based on the 12/30/14 progress report, patient has no work restriction as of January 2, 2015. MTUS Guidelines, page 16, recommend post-records surgical treatment of 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical physical medicine treatment period is 3 months. Patient is status post right wrist arthroscopy with wafer resection and debridement 04/23/14 and right endoscopic carpal tunnel release 11/24/14. The request is for 6 additional occupational therapy to the right wrist. The UR letter dated 01/14/15 has modified the request to two sessions. MTUS allows 3-8 visits over 3-5 weeks for post surgical treatments. In review of the medical records, patient has completed 6 sessions of therapy after her carpal tunnel release surgery dated 11/24/14. The request exceeds guideline recommendations and therefore, it IS NOT medically necessary.