

Case Number:	CM15-0014793		
Date Assigned:	02/02/2015	Date of Injury:	10/30/2003
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 54-year-old female who reported an injury on 01/21/2015, due to an unspecified mechanism of injury. On 01/21/2015, she presented for a followup evaluation regarding her work related injury. She reported persistent left wrist pain and tingling. The physical examination showed no visible swelling, ecchymosis or other deformity, and no evidence of any atrophy. Skin color and temperature were normal, and she had a positive Phalen's on the left and positive tenderness over the volar aspect. She had an altered sensation to light touch in the thumb and index finger, and 5/5 pinch and grip strength. There was full range of motion of elbows, hands, wrists and fingers. She was diagnosed with carpal tunnel syndrome. The treatment plan was for occupational therapy twice a week for 3 weeks. The rationale was not stated within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The injured worker is a 54-year-old female who reported an injury on 01/21/2015, due to an unspecified mechanism of injury. On 01/21/2015, she presented for a followup evaluation regarding her work related injury. She reported persistent left wrist pain and tingling. The physical examination showed no visible swelling, ecchymosis or other deformity, and no evidence of any atrophy. Skin color and temperature were normal, and she had a positive Phalen's on the left and positive tenderness over the volar aspect. She had an altered sensation to light touch in the thumb and index finger, and 5/5 pinch and grip strength. There was full range of motion of elbows, hands, wrists and fingers. She was diagnosed with carpal tunnel syndrome. The treatment plan was for occupational therapy twice a week for 3 weeks. The rationale was not stated within the documentation.