

Case Number:	CM15-0016229		
Date Assigned:	02/04/2015	Date of Injury:	07/24/2013
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male who sustained an industrial injury reported on 7/24/2013. He has reported tingling in the little and ring fingers, bilaterally, left > right. The diagnoses have included bilateral cubital tunnel syndrome and carpal tunnel syndrome; mild-to-moderate bilateral carpal tunnel syndrome; and mild ulnar nerve entrapment at both elbows. Treatments to date have included consultations with re-evaluation; diagnostic imaging studies; electrodiagnostic testing (12/18/14); ulnar nerve decompression; left elbow epicondylectomy; diagnostic laboratories; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 1/8/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 12/31/2014, for urgent post-operative occupational therapy, 3 x a week x 4 weeks (12 sessions), left elbow. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, post-surgical treatment guideline criteria, carpal tunnel release, occupational therapy, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy 3 x week x 4 weeks, left elbow (12 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

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

Decision rationale: The claimant sustained a work injury in July 2013 and underwent an online nerve decompression in December 2014. The claimant had previously undergone carpal tunnel release surgery without improvement. Post surgical treatment after the claimant's surgery includes up to 20 therapy visits over 3 months with a post-surgical physical medicine treatment period of 6 months. The requested number of therapy sessions is within guideline recommendations and therefore medically necessary.