

Case Number:	CM15-0112394		
Date Assigned:	06/18/2015	Date of Injury:	09/18/2014
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old, female who sustained a work related injury on 9/18/14. The diagnoses have included bilateral carpal tunnel syndromes and bilateral upper extremity musculoskeletal strain. Treatments have included medications, wrist splints, physical therapy with little benefit, bilateral carpal tunnel cortisone injections and modified work duties. In the Hand Surgery Follow-Up Report dated 5/18/15, the injured worker complains of bilateral hand numbness and tingling and pain that extends up the forearms to the elbows and shoulders. She states her hands get tired. She states the cortisone injections in both wrists have improved her symptoms by 20%. The numbness and tingling is slightly improved. She has a positive Tinel's sign in right wrist. She has positive Durkan signs to both wrists. The treatment plan includes a request for authorization for bilateral carpal tunnel releases.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Occupational Therapy 3x week x 4 weeks Bilateral Wrist: Upheld

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

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

Decision rationale: This patient has failed conservative treatment for bilateral carpal tunnel syndrome and has been recommended for surgery. The request is for 12 sessions of post-operative physical therapy (PT). MTUS post-surgical guidelines recommends 3-8 PT sessions following each surgery. The request for 12 sessions exceeds the recommendations and is thus determined to be not medically necessary.