

Case Number:	CM15-0121210		
Date Assigned:	07/01/2015	Date of Injury:	10/09/2013
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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 52 year old male, who sustained an industrial injury on 10/9/13. The diagnoses have included status post carpal tunnel release right side with continued weakness of the hand, right shoulder strain and shoulder impingement. Treatment to date has included medications, activity modifications, diagnostics, surgery, occupational therapy and instruct on home exercise program (HEP). Currently, as per the physician progress note dated 5/4/15, the injured worker is status post carpal tunnel release right side on 1/29/15. He rates the pain 0/10 on pain scale most of the time but has an occasional sharp stabbing pain in the right wrist. He states the right hand continues to be weak. The objective findings reveal that the right wrist range of motion shows flexion of 50 degrees and extension of 54 degrees. He is able to make a full fist and fully extend and abduct all digits. The Jamar grip strength measurements in kilograms with comparison of the right over the left are 10/44, 6/46, and 6/46. The x-rays of the right wrist dated 11/11/14 reveal that there is no bony protuberance into the carpal tunnel. There is previous occupational therapy sessions noted. The physician requested treatment included Additional Occupational Therapy to the right wrist times 6 due to significant weakness in the right hand compared to the contralateral side for strengthening and stamina.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy to the right wrist times 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy Guidelines.

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

Decision rationale: The claimant sustained a work injury in October 2013 and underwent right carpal tunnel release surgery in January 2015. The claimant is noted to be right-hand dominant. In March 2015 he had completed 8 occupational therapy treatments and was pleased with his progress. He had full range of motion with negative feelings and Tinel's testing. When seen, he was having occasional pain. He felt he had ongoing weakness. Physical examination findings included decreased grip strength. Authorization for additional therapy treatments was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery appears uncomplicated. He has already had occupational therapy. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and would be the optimal treatment to improve his strength. The request was not medically necessary.