

Case Number:	CM15-0122163		
Date Assigned:	07/06/2015	Date of Injury:	08/28/2007
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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: Maryland

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

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 45 year old female with an industrial injury date of 08/28/2007, 08/28/2007-10/30/2008. The mechanism of injury is documented as repetitive work and a box falling on her right wrist. Her diagnoses included status post thoracic outlet surgery, possible carpal tunnel syndrome (right) and clinical depression. Prior treatment included physical therapy, diagnostics, corticosteroid injection to right shoulder and rib resection. Comorbid diagnosis is bladder cancer status post-surgery. She presents on 05/20/2015 with complaints of numbness in the median nerve distribution of her hand. Objective findings include positive Tinel's sign. Wrist compression test and Phalen's test were positive. Nerve conduction studies dated 03/16/2015 were read as entrapment neuropathy of the median nerve at the right wrist with mild to moderate slowing of nerve conduction velocity. There was no electrophysiological evidence of entrapment neuropathy on the right ulnar and radial nerves and no electrophysiological evidence to support motor radiculopathy or brachial plexus injury in the right upper extremity. Treatment plan is for right carpal tunnel release, postoperative analgesics and antibiotics. Other treatments include pre-operative testing and postoperative occupational therapy to right wrist. The treatment request is for twelve (12) post-operative occupational therapy visits for the right wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) post-operative occupational therapy visits for the right wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22 and 15-16 and 11.

Decision rationale: Twelve (12) post-operative occupational therapy visits for the right wrists is not medically necessary as written per the MTUS Post Surgical Guidelines. The MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The MTUS recommends up to 14 visits for synovitis/tenosynovitis and up to 8 visits for carpal tunnel release. The documentation indicates that the patient was to have a tenosynovectomy and carpal tunnel release. The request for 12 post op visits would exceed the recommendations by the MTUS for an initial trial of therapy and therefore is not medically necessary as written.