

Case Number:	CM15-0129103		
Date Assigned:	07/21/2015	Date of Injury:	04/09/2014
Decision Date:	08/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 56 year old female with an industrial injury dated 04/12/2014. Her diagnoses included cubital tunnel syndrome, bilaterally and carpal tunnel syndrome bilaterally. Comorbid diagnosis was hypertension. Prior treatment included carpal tunnel surgery, cortisone injection and diagnostics. She presented on 06/12/2015 for follow up of left carpal tunnel release. She noted she was having numbness of her left fifth and fourth fingers and elbow was tender to palpation. She was 2 weeks post op. She had not been doing wound care to incision sites because she was afraid of getting it wet. Physical exam revealed the left elbow suture site looked good. There was no sign of infection, redness or drainage. She had limited flexion and extensor range of motion. There was a slight dehiscence in the left hand. There was no cellulitis, drainage or signs of infection. She had moderate range of motion of her fingers. Treatment plan included instructing the injured worker the importance of active range of motion exercises and the importance of wound care. Occupational therapy was requested and she was to return in six weeks for a follow up evaluation. The injured worker was not working and was temporarily disabled. The treatment request is for occupational therapy for bilateral wrists 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for bilateral wrists 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 16, 18.

Decision rationale: The California MTUS supports 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16) and 20 visits over 10 weeks after cubital tunnel surgery (page 18). An initial course of therapy is defined as one half the maximal number of visits (page 10), 10 sessions in this case. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). Records provided indicate the patient has performed 12 therapy sessions. There is no documentation of functional improvement provided to support the request for an additional 12 sessions which would exceed guidelines. The request is not medically necessary.