

Case Number:	CM15-0061878		
Date Assigned:	04/07/2015	Date of Injury:	02/14/2011
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old male, who sustained an industrial injury on February 14, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as status post right medial epicondylectomy and ulnar nerve decompression, possible recurrent right carpal tunnel syndrome status post right open carpal tunnel release and possible right wrist TFCC tear. Treatment to date has included diagnostic studies, surgery, physical/occupational therapy and wrist brace. On March 11, 2015, the injured worker complained of right wrist and right elbow pain. There was slight numbness and tingling in all fingers. The symptoms were noted to be improved in the ring and little fingers. He reported wearing his brace at night. Cramping of the hand and wrist was noted with increased use and writing. The treatment plan included occupation therapy, exercises, Modabber brace and Heelbo sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for the Right Hand, quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages occupational therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.