

Case Number:	CM15-0064141		
Date Assigned:	04/10/2015	Date of Injury:	09/11/1997
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 56 year old female who sustained an industrial injury on September 11, 1997. She has reported injury to the hands and has been diagnosed with bilateral recurrent carpal tunnel syndrome, bilateral forearm tendinitis, bilateral radial tunnel syndrome, right thumb CMC synovitis/arthrosis, Dupuytren nodule left palm, status post bilateral carpal tunnel release with ulnar nerve decompression at the wrists, and status post cervical discectomy and fusion. Treatment has included splinting, rest, therapy, and medications. Currently the injured worker complains of pain and numbness in the hands. The treatment request included occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy for the left wrist 2 times a week for 6 weeks (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines, Carpal Tunnel Syndrome, page 6; Carpal tunnel syndrome (ICD9

354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks.

Decision rationale: The patient underwent left carpal tunnel revision surgery with fasciocutaneous flap coverage of the median nerve. The request for post-operative OT for 12 sessions was authorized to modify for 8 sessions in accordance to guidelines. The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient had 8 post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. The Post-operative occupational therapy for the left wrist 2 times a week for 6 weeks (12 sessions) is not medically necessary and appropriate.