

Case Number:	CM15-0072142		
Date Assigned:	04/22/2015	Date of Injury:	02/04/2014
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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 50 year old male who sustained an industrial injury on 02/04/2014. Diagnoses include carpal tunnel syndrome status post right carpal release on 10/08/2014. Treatment to date has included diagnostic studies, medications, physical therapy, steroid injections and work modifications. A physician progress note dated 03/16/2015 documents the injured worker states his pain is rated a 3-4 out of 10. He has diminished sensibility in the thumb, index finger and middle finger. There is weak grasp present. He has a positive Durkan's sign to the right wrist. Treatment requested is for occupational therapy 8 sessions to the right hand 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 8 session to the right hand 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: MTUS post-surgical treatment guidelines for carpal tunnel syndrome recommend at most 8 PT or OT visits over 5 weeks. These guidelines state specifically that there is minimal evidence to justify significant PT or OT after this surgery, that benefits need to be documented after the first week, and that prolonged therapy visits are not supported. Thus the treatment guidelines would require very specific and well-reasoned clinical decision-making for additional therapy exceeding these guidelines; such a rationale has not been provided in this case. This request is not medically necessary.