

Case Number:	CM15-0073557		
Date Assigned:	04/23/2015	Date of Injury:	04/25/2014
Decision Date:	05/21/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts

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

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 47 year old male, who sustained an industrial injury on 04/25/2014. He reported an injury to his back, neck, bilateral knees, bilateral shoulders, and bilateral hands and wrists secondary to repetitive daily work activities. The injured worker was diagnosed as having cervical and thoracolumbar sprain/strain with myofasciitis, sprain/strain of the bilateral shoulders with rotator cuff tendinitis, sprain/strain with extensor tendinitis of the bilateral hands/wrists, sprain/strain of the bilateral knees with patellar tendonitis, and residual loss of grip strength to the bilateral hands. The treating physician also notes recent diagnoses of right carpal tunnel syndrome with failure of conservative management, status post left carpal tunnel release with persistent subjective pain, lumbar five to sacral one spondylolisthesis at a grade II, thoracolumbar degenerative disc disease, and cervical degenerative disc disease. Treatment to date has included laboratory studies, electromyogram with nerve conduction velocity of the bilateral upper extremities, physical therapy, x-ray of the right wrist, magnetic resonance imaging of the cervical spine, use of braces, and status post left carpal tunnel release. In a progress note dated 02/25/2015 the treating physician reports complaints of persistent pain to the spine along with persistent carpal tunnel symptoms. The treating physician requested occupational therapy three times four weeks post-operatively from right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-operative occupational therapy for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical therapy.

Decision rationale: The claimant is more than one year status post work-related injury and underwent a left carpal tunnel release in September 2014. When seen, a right carpal tunnel release was planned. Authorization for 12 postoperative occupational therapy sessions was requested. Carpal tunnel release surgery is an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. In this case, the number of treatments is in excess of guideline recommendations and the claimant has previously undergone the same surgery on the left side and would be familiar with the expected post-operative rehabilitation required. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. It is therefore not medically necessary.