

Case Number:	CM15-0092711		
Date Assigned:	05/19/2015	Date of Injury:	04/18/2008
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old male, who sustained an industrial injury on 4/18/2008. The current diagnoses are status post bilateral carpal tunnel syndrome and cubital tunnel release on 4/2/15. According to the progress report dated 4/8/2015, the injured worker complains of right upper extremity pain with decreased numbness. He notes left upper extremity is better. The current medication list is not available for review. Treatment to date has included surgical intervention. The plan of care includes 12 occupational therapy sessions to the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16 and 11.

Decision rationale: Occupational therapy 2 times a week for 6 weeks for the bilateral hands is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 8 visits of therapy post carpal tunnel release and up to 20 visits for cubital tunnel release. The MTUS states

that an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In this case, the request for therapy is for the hands (not elbows) postoperatively. The MTUS only supports up to 8 visits of PT post carpal tunnel release. The request for Occupational therapy 2 times a week for 6 weeks for the bilateral hands exceeds this request and is not medically necessary.