

Case Number:	CM15-0097816		
Date Assigned:	05/28/2015	Date of Injury:	02/04/2014
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

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, 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 50-year-old male who sustained an industrial injury on 2/4/14. The injured worker was diagnosed as having status post right carpal tunnel release on 10/8/14. Currently, the injured worker was with complaints of right hand pain. Previous treatments included physical therapy, status post right sided carpal tunnel release (October 2014) and medication management. Previous diagnostic studies included electromyography (1/23/15) revealing minimal/slight right carpal tunnel syndrome. The injured workers pain level was noted as 3-4/10. Physical examination was notable for diminished sensibility to the right thumb, index finger and middle finger and minimal pillar tenderness. The plan of care was for occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 8 sessions, 2 times per week for 4 weeks for the Right Wrist:
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, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This request under dispute pertains to post-operative occupational therapy following carpal tunnel surgery. It is noted that the CA MTUS do not distinguish between recommended amounts of occupation versus physical therapy, and the two disciplines have significant overlap. The Post-Surgical Treatment Guidelines of the MTUS recommend 3-8 visits of physical therapy following the surgical treatment of carpal tunnel syndrome (CTS). The time course for this post-op rehabilitation is 3-5 weeks. According to the notes, the patient has had carpal tunnel surgery on 10/8/14 and has persistent issues. The time course, however, has been exceeded and the current request is not medically necessary.