

Case Number:	CM14-0101233		
Date Assigned:	07/30/2014	Date of Injury:	04/27/2012
Decision Date:	09/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 request for 6 Additional Post-op Occupational Therapy Right Wrist/finger is not medically necessary. The California MTUS state that there is "limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. Evidence may justify 3 to 5 visits over 4 weeks." Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The injured worker has already undergone at least 9 sessions of occupational therapy. The efficacy of the prior therapy has not established. Additionally, the provider's request does not indicate the frequency of the occupational therapy visits in the request as submitted. As such, medical necessity has not been established, therefore, request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Post-op Occupational Therapy Right Wrist/finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel.

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

Decision rationale: The request for 6 Additional Post-op Occupational Therapy Right Wrist/finger is not medically necessary. The California MTUS state that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. Evidence may justify 3 to 5 visits over 4 weeks. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The injured worker has already undergone at least 9 sessions of occupational therapy. The efficacy of the prior therapy has not established. Additionally, the provider's request does not indicate the frequency of the occupational therapy visits in the request as submitted. As such, medical necessity has not been established.