

Case Number:	CM14-0142256		
Date Assigned:	09/10/2014	Date of Injury:	10/13/2012
Decision Date:	10/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic Surgery 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 claimant is a 57-year-old female with an industrial injury dated 10/13/12. Nerve tests taken on 11/13/12 demonstrate severe right mononeuropathies, in which affected the sensory and motor fibers. The patient is status post a left carpal tunnel release on 02/11/14, and 2-3 physical therapy sessions as of 04/04/14. The electrodiagnostic test dated 04/04/14, state that the patient has moderate carpal tunnel syndrome present. Current medications include Losartan, Naproxen, and Omeprazole. Exam note 07/23/14 states the patient returns with a hand and wrist pain. The patient rates the pain as a 6/10 without medication, and complains of numbness and a burning sensation in both hands. The patient states that physical therapy did help with strengthening the hands. In the physical exam the patient had full range of motion with tenderness to palpation. The patient was diagnosed with carpal tunnel syndrome. Treatment includes additional occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 02/20/14)

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

Decision rationale: Per the California MTUS/Postsurgical Treatment Guidelines, page 16, 3-8 visits over a 3-month period is authorized. From the submitted records from 7/23/14 there is insufficient of progressive improvement postoperatively. In addition the request is outside the 3 month allowed window and exceeds the maximum number of 8 visits. Therefore the request is not medically necessary.