

Case Number:	CM13-0001926		
Date Assigned:	03/21/2014	Date of Injury:	11/22/2010
Decision Date:	04/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/18/2013

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 Occupational Medicine, 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 patient has a date of injury 11/22/2010. Per the primary treating physician, the injured worker has reported that she has unchanged symptoms in her right hand, right arm, and left shoulder. The patient uses a brace during the daytime and carpal tunnel brace at night which has helped reduce numbness and tingling. The patient takes medications, and is currently not working. The patient is able to do minimal chores around the house, but has difficulty holding objects and is losing grip strength. On exam the patient has inflammation at the base of the thumb, carpometacarpal joint and scaphotrapezotrapezoidal joint. She has tenderness along the carpal tunnel with positive Tinel's sign. The patient has mild weakness against resistance at 5-/5 to elbow flexion, wrist flexion/extension, supination and pronation secondary to pain. EMG studies have been normal.
 Diagnoses include 1) Carpal tunnel syndrome on the right 2) Carpometacarpal joint inflammation 3) Trigger finger along the second and long fingers on the right 4) Impingement syndrome of left shoulder with rotator cuff strain for which clarification is requested. The patient's provider reports that she will need more than the three sessions of hand therapy that have been approved to improve range of motion, function, and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, FOR THE RIGHT WRIST/HAND: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: It is noted that the injured worker has received physical therapy for her shoulder injury previously. The primary treating physician has reported that the injured worker has not received hand therapy previously, and claims that she will need more than the partial approval of three sessions to improve range of motion and function. The Chronic Pain Medical Treatment Guidelines do support specific guided active therapy, and the implementation of a home exercise plan. Three sessions is a very short trial to see any improvement or to implement a home exercise plan as the therapy is generally progressive as the active therapy become more tolerated. Although the post-surgical treatment guidelines recommend only three to eight visits of therapy over three to five weeks for carpal tunnel syndrome, these recommendations are for the postsurgical period. The injured worker has not had surgical release of the carpal tunnel, and is undergoing non-surgical treatment. The request for hand therapy, three times per week for four weeks to the right hand/wrist is medically necessary and appropriate.