

Case Number:	CM13-0002503		
Date Assigned:	11/01/2013	Date of Injury:	10/02/2001
Decision Date:	08/13/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

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 Orthopedic Surgeon, Hand Surgeon and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who reported injury on 10/02/2001. The patient underwent a carpal tunnel release on 03/28/2013. Therapies included a steroid injection and postoperative therapy. The documentation of 06/17/2013 revealed the injured worker had subjective complaints that her scar was tender. The injured worker complained of discomfort in the A-1 pulley of the right ipsilateral thumb. The physician indicated that when they touched the surgical scar the injured worker jumped. The physician was able to feel a small nodule at the A-1 pulley. The diagnoses included, carpal tunnel syndrome right status postoperative and stenosing tenosynovitis right thumb. The treatment plan included hand therapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY, TWO TIMES PER WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend 8 sessions for carpal tunnel surgery. The clinical documentation submitted for review failed to provide documentation of objective functional deficits that remain to support the necessity for

hand therapy. Additionally, there was lack of documentation indicating the quantity of sessions that had been provided. Given the above, the request for hand therapy 2 times a week for 6 weeks is not medically necessary.