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| Case Number: | CM13-0025612 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 05/04/2010 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 09/05/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 is a 62 year-old male with a date of injury of 05/04/2010. The listed diagnoses per [REDACTED] are: 1) Status post Carpal tunnel release, Guyon's release/ trigger finger 2) Right shoulder impingement According to report dated 08/23/2013 by [REDACTED], the patient presents for a follow up after CTR. Patient complains of pain to the right wrist and right long finger with slight locking to the right long finger. Examination reveals right hand flexion is 10 and extension is 10. There is positive TP over the carpal tunnel with positive lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL HAND THERAPY 2 X WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): TABLE 11-7..
Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY
GUIDELINES/CARPAL TUNNEL SYNDROME

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FOREARM, WRIST AND HAND Page(s): 18-20.

Decision rationale: This patient present with continued complaint of the right wrist. The treater is requesting that the patient continue with hand therapy and is requesting an additional 8

sessions. For Carpal Tunnel Syndrome, the MTUS guidelines page 15 has the following post-surgical guides: "Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported." This patient is status post right carpal tunnel release dated 07/16/2013. Medical records indicate this patient already received 8 post surgical therapy sessions following the recent surgery. The treater is requesting an addition 8 sessions; however, there is no current functional status described to consider additional therapy. MTUS recommends for post-surgical treatment after an endoscopic CTR 3-8 visits over 3-5 weeks. Additional therapy can be considered with functional improvement but in this case, the treater requests additional therapy without discussing how the patient is doing. The treater's request for additional 8 sessions exceeds what is recommended by MTUS. Recommendation is for denial.