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| Case Number: | CM13-0026424 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 07/17/2012 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

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 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 an employee of [REDACTED] and has filed a claim for trigger finger associated with an industrial injury sustained on July 17, 2012. Treatment to date has included right carpal tunnel release in July 2013, oral medications, epidural steroid injection, acupuncture, and 12 sessions of physical therapy. Medical records from 2013 were reviewed, showing that the patient continued to have throbbing pain in the right wrist and arm. There is also numbness, tingling, and weakness in the arm. The patient is able to do most activities of daily living, but with some discomfort. However, she does state that she continues to drop objects at home when performing gripping and grasping activities. On examination, Jamar grip testing for the dominant right hand was noted to be at 21 and 28 compared to 42 and 44 on the left. There was scar sensitivity around the incision site of the right wrist. There was also tenderness over the A1 pulley of the index finger and triggering with range of motion of the right index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE CARE TWICE A WEEK FOR THREE WEEKS FOR THE RIGHT WRIST: 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 post surgical treatment guidelines for carpal tunnel syndrome recommend 3-8 visits of physical therapy over 3-5 weeks. In this case, the patient has had 12 visits of postoperative physical therapy. The patient notes improvement. However, the patient should be well versed in independent exercises by now. Additional physical therapy sessions would exceed guideline recommendations. Therefore, the request is not medically necessary.