

Case Number:	CM13-0029994		
Date Assigned:	11/27/2013	Date of Injury:	06/29/2012
Decision Date:	05/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/25/2013

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 Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Georgia and 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 48 year old female who reported a repetitive motion injury on 06/29/2012. The clinical note dated 07/18/2013 reported the injured worker had throbbing pain in her right hand and wrist that she rated at 2/10 to 4/10. She additionally reported she no longer had radiation of symptoms to her upper extremities, has stopped using her brace, a lack of previous paresthesia in her three central fingers, and discontinued taking any pain medication. Upon physical exam the injured worker had a negative Guyon canal test, negative Tinel's test, and the grasp strength was almost bilaterally equal. The active range of motion for the right wrist and palm was reported as extension to 60 degrees and flexion to 70 degrees. In the clinical note dated 05/23/2013 it reports the injured worker underwent a right carpal tunnel release on 01/25/2013. The request for authorization was not found in the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY FOR THE RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for post-operative physical therapy for the right wrist and hand is not medically necessary. The California MTUS guidelines recommend physical medicine in the presence of a functional deficit. Additionally, the guidelines also recommend 3-8 sessions of physical therapy over 3-5 weeks status post carpal tunnel release. The guidelines note the postsurgical physical medicine treatment period is 3 months. In the documentation submitted there is a lack documentation of significant functional deficits upon physical exam. Furthermore, there is not a specific request for the number sessions of physical therapy requested. Moreover, the surgery reportedly was done 01/25/2013 and the timeframe falls beyond the post-surgical healing time. Hence, the request is not medically necessary.