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| Case Number: | CM13-0038933 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 04/25/2010 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 24-year-old female who was injured in a work related accident on April 25, 2010. Recent clinical assessment for review included an August 27, 2013 supplemental report by hand surgeon [REDACTED] indicating the claimant was diagnosed with carpal and cubital tunnel syndrome. Specific to the right cubital tunnel syndrome, diagnosis, it was noted that the claimant is one year following an endoscopic release with recurrent symptomatology. The plan at that time was for a repeat release to be performed surgically. She was also status post a right carpal tunnel release procedure of June 1, 2012 for which she apparently continued to be symptomatic. A follow-up report of September 24, 2013 indicated examination specific to the wrist to show persistent and chronic grip strength weakness and described her symptoms as "chronic in nature and persistent". Recommendations at that time were for ten sessions of formal physical therapy for the wrist for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 98.

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Medical Treatment Guidelines, physical therapy in this setting would not be indicated. The claimant is greater than 1 ½ years following time of the surgical process to the right carpal tunnel with no documentation of acute findings or functional deficit. While she continues to have weakness, an additional course of physical therapy in the chronic setting per Guideline criteria is only for "swelling, pain and inflammation during the rehabilitative process and would recommend no more than nine to ten visits over eight weeks" for the above criteria. The claimant's current physical examination, amount of therapy already utilized and timeframe from process would not support the continued need of hand therapy at this stage in course of care.