

Case Number:	CM13-0039497		
Date Assigned:	12/18/2013	Date of Injury:	10/01/2011
Decision Date:	02/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 patient is a 62-year-old male who reported an injury on 10/01/2011. The mechanism of injury was repetitive trauma related to work duties. After electrodiagnostic studies, the patient was diagnosed with carpal tunnel syndrome. The patient received carpal tunnel release for the right wrist on 04/30/2012, and for the left wrist on 05/21/2012. Postoperative physical therapy ensued; however, the patient continued to feel that his symptoms had worsened. The patient has continued to seek treatment for persistent hand, wrist, and forearm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM Guidelines recommend home exercises, splinting, and activity alteration in treating carpal tunnel syndrome. As many physical modalities to include massage, diathermy, cutaneous laser treatment, cold laser treatment, and TENS have no proven efficacy in treating the hand, wrist, or forearm, an at home therapy program is

appropriate. As the patient has already received extensive treatment for his carpal tunnel symptoms, it is appropriate to expect him to continue with a home maintenance program. As such, the request for Hand therapy 2x4 is non-certified.