

Case Number:	CM13-0046390		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2011
Decision Date:	03/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Hand Surgery and is licensed to practice in 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 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 42-year-old female who reported an injury on 11/07/2011. The mechanism of injury was not specifically stated. The patient is diagnosed with medial epicondylitis, ulnar nerve lesion, and lateral epicondylitis. The patient was seen by [REDACTED] on 07/09/2013. The patient was status post right cubital tunnel release in 11/2012. The patient reported ongoing numbness and tingling with weakness in the right upper extremity. Physical examination revealed mildly restricted wrist range of motion, decreased sensation, positive Tinel's and Phalen's testing, and positive Durkan's testing. It is noted that the patient underwent an (EMG/NCV) electromyogram and nerve velocity studies study on 05/17/2013, which indicated moderate right carpal tunnel syndrome. Treatment recommendations included a right carpal tunnel release with 12 sessions of post-operative hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 Post-Operative Certified Hand Therapy visits for Right Hand and Wrist is: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic or open carpal tunnel release includes 3 visits to 8 visits over 3 weeks to 5 weeks. The current request for 12 sessions of post-operative hand therapy for the right hand and wrist exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.