

Case Number:	CM13-0060528		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2010
Decision Date:	04/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine 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 45 year old male that reported a work injury on 02/17/2010 which occurred while he was stacking the chairs he heard a pop in his right hand with a sharp pain in the right thumb and hand. The patient complained of pain that radiated into his right palm and his right fingers that became weakness and an unbearable pain in bilateral hands. The patient had a carpal tunnel release on his right hand on 06/09/2011. On the clinical visit note dated 08/02/2013, the patient reports pain radiating proximally to his hands, forearms, biceps with noted numbness, tingling, throbbing, and aching pain with weakness with limited range of motion while doing yard work, flexion and extension, lifting, carrying, pushing, pulling, doing chores and driving with increased pain to bilateral hands. On exam the patient was noted to have range of motion as dorsiflexion 62/65 degrees, palmar flexion 62/70 degrees, volar deviation 30/40 degrees, and radial deviation 18 /25 degrees. The patient had a positive Phalens test on the right with tingling and numbness. The patient had a positive reverse Phalens with consistent pain in the dorsal hand. There was marked tenderness in the flexor tendons of the forearms. There was hypothenar atrophy in the patient's thumb and finger, with abnormal finger squeeze. The clinical notes dated 08/29/2013 there was a noted request for x-rays of bilateral wrists and hands, MRI of left wrist, with no results included in the medical records that were provided for review. The MRI of the right wrist with and without contrast showed minimal right wrist joint effusion in the right radial carpal joint space and a mild amount of diffuse increased signal in the region of the right opponens pollicis brevis muscle likely representing muscle strain without otherwise acute bony MRI abnormality of the right wrist. The patient had a noted history of acupuncture treatments and therapy for his right hand of unknown dates and progress. There was no noted change in the physical exam for the visit dated 08/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) post-op physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270, Acupuncture Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for twelve (12) post-op physical therapy visits non-certified. CA MTUS guidelines support 3-8 sessions of post-operative therapy after a carpal tunnel release over 4 weeks with the post-operative phase being 3 months. The patient is noted to have ongoing pain and decreased range of motion. The clinical information provided indicated the patient had been provided physical therapy; however, the number and efficacy of those sessions was not provided. Also, the timeframe for the post-operative period has been exceeded. As such, the request is non-certified.