

Case Number:	CM13-0070722		
Date Assigned:	01/08/2014	Date of Injury:	01/16/2012
Decision Date:	05/29/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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:

This 49-year-old female machine operator sustained injury to the upper extremities due to repetitive work assembling parts, date of injury 1/16/12. She underwent right carpal tunnel release on 9/14/12 and left carpal tunnel release and right 5th finger A1 pulley release on 2/8/13. A right thumb A1 pulley release and left thumb flexor sheath cortisone injection were performed on 10/25/13. Twelve post-op occupational therapy visits were pre-certified. The 11/4/13 orthopedic report indicated that this was the first post-op visit. Improvement was noted in the left thumb post injection, but it still triggers. The right thumb was painful. The incision was healing well with no signs of infection, sutures were removed. Range of motion was 50% but no triggering was noted. The left thumb revealed localized tenderness and clicking upon range of motion. The patient was to begin occupational therapy three times per week for 4 weeks. The 11/27/13 chiropractic initial report documented complaints of neck pain, bilateral hand pain, right thumb pain, and stress. Bilateral wrist exam findings noted symmetrical range of motion, and Tinel's positive bilaterally. Left thumb exam noted marked loss of range of motion. The treatment plan included 2x6 post-surgical therapy, chiropractic. The 12/10/13 utilization review recommended non-certification of the request for additional post-op therapy based on a lack of updated medical information documenting patient response to occupational therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY, RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15,16-22.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3-8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. For trigger finger surgery, guidelines suggest a course of 9 visits over 8 weeks with a 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. There is no documentation that the initial 12 certified occupational therapy visits had been completed and what objective functional improvement was achieved. There is no documented functional treatment plan for additional therapy. Therefore, this request is not medically necessary.