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| Case Number: | CM14-0100892 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 01/26/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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 Internal Medicine 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:

The injured worker is a 33 year old female who sustained an injury to her right hand on 01/26/13. The mechanism of injury was not documented. A clinical note dated 07/31/14 reported that the injured worker continued to complain of occasional night paresthesia and pain with repetitive use of the right shoulder overhead. Elbows continued to be tender to direct pressure. The injured worker noted that the most painful area is the right elbow with aching, intense, deep pain, 3-4 times per week that is made worse with writing or any type of repetitive use. Electrodiagnostic studies dated 01/31/14 noted mild bilateral carpal tunnel syndrome, median nerve entrapment at the wrists affecting sensory/motor components without evidence of ongoing denervation; no evidence of cervical radiculopathy, brachial plexopathy, or peripheral neuropathy. Physical examination noted morbidity 5 feet 7 inches, 300 lbs.; ambulates without assistive devices; tenderness in the right shoulder with a positive grind test from labrum injury, lateral elbow tenderness, right worse than left with palpation in the epicondylar region; positive mildly Phalen's/Tinel's bilaterally; normal sensation throughout the bilateral hands; able to make a full fist; normal 2 point discrimination bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Surgical Therapy Visits (10 -sessions for, Carpal Tunnel Syndrome Involving Wrist/Hand/Forearm): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines, Carpal Tunnel Syndrome (Acute & Chronic)

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

Decision rationale: The request for post-surgical therapy visits (10 -sessions for, carpal tunnel syndrome involving wrist/hand/forearm) is not medically necessary. The previous request was denied on the basis that the injured worker has completed post-surgical physical therapy as well as 6 additional physical therapy visits since 07/21/13 carpal tunnel release surgery. The guidelines do not support prolonged therapy for this condition and as of 06/06/14, the injured worker still continued to complain of limitations in activities of daily living and only 50% overall improvement. It was not reasonable that the injured worker undergo another course of therapy in order to ensure the injured worker's transition to a home exercise program. The CAMTUS recommends 3-8 visits over 3-5 weeks, not to exceed 3 months for the diagnosed injury. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for post-surgical therapy visits (10 -sessions for, carpal tunnel syndrome involving wrist/hand/forearm) is not indicated as medically necessary.