

Case Number:	CM14-0017486		
Date Assigned:	04/14/2014	Date of Injury:	08/14/2012
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/11/2014

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 injured worker is a 52-year-old female who reported an injury on 08/14/2012. The mechanism of injury was not stated. Current diagnoses include status post right endoscopic carpal tunnel release, status post right elbow ulnar nerve release, and postoperative stiffness in the right hand. The injured worker was evaluated on 09/06/2013. The injured worker underwent right endoscopic carpal tunnel release on 07/23/2013. The injured worker reported ongoing numbness in the fingers and significant swelling and stiffness of the right hand. Physical examination revealed tenderness at the medial right elbow and volar wrist, notable swelling in the hand and fingers, inability to close the fingers into the palm of her hand, and decreased sensation to light touch along the long, ring, and small fingers. Treatment recommendations included physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE THERAPY, 5 X 3 WEEKS, 3 X 3 WEEKS, 2 X 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 15-17.

Decision rationale: The California MTUS Guidelines indicate that the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations. Post-surgical treatment for lateral epicondylitis includes 12 visits over 12 weeks. Post-surgical treatment following endoscopic carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for postoperative therapy 5 times per week for 3 weeks, 3 times per week for 3 weeks, and twice per week for 3 weeks greatly exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. There was also no specific body part listed in the current request. As such, the request is not medically necessary.