

Case Number:	CM14-0132296		
Date Assigned:	08/22/2014	Date of Injury:	04/21/2014
Decision Date:	09/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 34-year-old bus driver sustained an industrial injury on April 21, 2014. Injury occurred while using a handle to open and close the bus door. The June 24, 2014 electrodiagnostic study documented evidence of extremely severe bilateral carpal tunnel syndrome. The July 1, 2014 left wrist MRI impression documented a well-defined 1 cm mass consistent with a synovial/ganglion cyst directly overlying the flexor carpi radialis tendon and seven small synovial/ganglion cysts along the ulnar aspect of the trapezium bone. There was mild flattening tendinopathy of the extensor carpi ulnaris tendon and mild flattening of the median nerve within the carpal tunnel. This patient was approved to undergo a volar wrist mass excision at the same time as a previously approved left carpal tunnel release. The patient was approved for eight post-operative hand therapy sessions for the carpal tunnel release. An additional request for twelve post-operative hand therapy sessions was submitted. The August 14, 2014 utilization review modified the request for twelve additional sessions and allowed for four sessions, in addition to the 8 post-operative sessions previously certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve certified hand therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The Post-Surgical Treatment Guidelines for ganglion cyst removal suggest a general course of eighteen post-operative visits over 6 weeks but note that postsurgical physical medicine is rarely needed for ganglionectomy. An initial course of therapy would be supported for one-half the general course or nine visits. 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. The August 14, 2014 utilization review recommended partial certification of four additional post-op hand therapy visits to a total of twelve. There is no compelling reason submitted to support the medical necessity of initial post-op care beyond guideline recommendations and the care already certified. Therefore, the request for twelve certified hand therapy sessions is not medically necessary or appropriate.