

<b>Case Number:</b>	CM14-0156391		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of September 2, 2010. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for eight sessions of hand therapy on the grounds that the applicant's response to earlier treatment was not described. The applicant was status post carpal tunnel release surgery on May 30, 2014, the claims administrator noted. The operative report of May 30, 2014 was reviewed. The applicant did undergo an open carpal tunnel release surgery to ameliorate severe right-sided carpal tunnel syndrome but with reported thenar atrophy. In a progress note dated August 12, 2014, the applicant reported ongoing complaints of hand and wrist pain. The applicant stated that his numbness and paresthasias had worsened. The applicant stated that hand therapy had not proven altogether effective as he is still having symptoms of throbbing and numbness at night. The applicant was able to make a complete fist. Repeat electrodiagnostic testing, neurology consultation, pain management consultation, and additional hand therapy were sought. It was suggested that the applicant was working as of this point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) hand therapy sessions for right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The applicant was still within the three-month postsurgical physical medicine period established in MTUS 9792.24.3 following earlier carpal tunnel release surgery of May 30, 2014. The applicant had had unspecified amounts of physical therapy through that point in time. While the postsurgical treatment guidelines in MTUS 9792.24.3.c.3 acknowledged that physical medicine treatment may be continued up to the end of the postsurgical physical medicine period in applicants in whom additional functional improvement can be accomplished, in this case, however, the attending provider had seemingly abandoned the proposition that additional functional improvement could be accomplished on or around the date of the request, August 12, 2014. The requesting provider had ordered electrodiagnostic testing of the affected hand on the grounds that earlier carpal tunnel release surgery and associated postoperative therapy had proven unsuccessful. A neurology and pain management consultations were both endorsed. All of the foregoing, taken together, strongly suggested that additional functional improvement in terms of the parameters established in MTUS 9792.20f could not reasonably or plausibly be anticipated beyond August 12, 2014, i.e., beyond the date of the request. Therefore, the request is not medically necessary.