

Case Number:	CM14-0180089		
Date Assigned:	11/04/2014	Date of Injury:	11/21/2013
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 Plastic Surgery; has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 patient was diagnosed with right ulnar impaction syndrome, right carpal tunnel syndrome and right third, fourth and fifth digit triggering. He underwent carpal tunnel and trigger finger releases in May 2014. The most recent follow-up note dated 6/5/14 indicates that the patient had gradual improvement of his pain. He has completed an unknown number of therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 12 additional post-operative hand therapy 2 x 6 for the right hand/wrist as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand, Post surgical therapy guidelines Page(s): 18-22.

Decision rationale: The MTUS guidelines will allow for up to 9 visits for combined carpal tunnel and trigger finger releases. The records do not document the number of treatments the patient has received to date or the response to therapy. Absent this information, additional sessions are not warranted.