

Case Number:	CM14-0021135		
Date Assigned:	05/07/2014	Date of Injury:	05/30/2013
Decision Date:	07/09/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 36 year old with an injury date on 5/30/13. Based on the most recent progress report dated 9/4/13 by [REDACTED] the diagnoses are: 1.Cervical strain 2.Thoracic strain 3.Bilateral scapular strain 4.Right trapezius strain 5.Left carpal tunnel syndrome Most recent exam on 9/4/13 showed "tenderness over right spinal musculature of C-spine, but otherwise normal findings." Cursory post-op exam on 12/3/13 showed surgical incision has healed with no infection. Patient is s/p carpal tunnel release left wrist from 10/23/13. [REDACTED] is requesting hand therapy 2x a week for 6 weeks. The utilization review determination being challenged is dated 1/28/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/18/13 to 12/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY TWICE A WEEK FOR SIX WEEKS (2X6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with no significant symptoms and is s/p left carpal tunnel release with tenosynovectomy of flexor tendons in palm from 10/23/13. The treater has

asked hand therapy 2x a week for 6 weeks on 12/3/13. Patient has completed 12 sessions of physical therapy between 11/5/13 and 12/18/13 as per 11/5/13 report. 11/5/13 report states patient has had "significant improvement in symptoms." 12/3/13 report states patient is beginning home exercise program. For carpal tunnel syndrome post surgical treatment MTUS recommends 3-8 visits over 3-5 weeks within 3 months of surgery. Patient shows significant improvement, and has had physical therapy beyond MTUS recommendations for carpal tunnel surgery. Treater does not explain necessity for additional 12 sessions when patient has transitioned to home exercise program. Recommendation is for denial.