

Case Number:	CM14-0029964		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2012
Decision Date:	08/13/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in 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 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 injured worker is a 44-year-old male who reported an injury on 05/11/2012. The mechanism of injury was not stated. The current diagnoses include sprain/strain of the elbow/forearm, pain in a joint of the hand, and carpal tunnel syndrome. The latest physician's progress report submitted for this review indicates date of 08/19/2013. The injured worker reported swelling in the right upper extremity. Previous conservative treatment includes anti-inflammatory and opioid medication as well as ice therapy. Physical examination revealed positive Tinel's and Phalen's testing in the right upper extremity. Treatment recommendations included electrodiagnostic studies and a return office visit in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine (9) post-operative physical therapy sessions for right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the

postsurgical physical medicine treatment recommendations. As per the documentation submitted, the injured worker does maintain a diagnosis of right carpal tunnel syndrome. However, there is no indication that this injured worker has been authorized to undergo any surgical procedures with regard to the right hand. The latest physician's progress report submitted on 08/19/2013 indicated that the injured worker was awaiting diagnostic studies. Based on the clinical information received, the request of nine (9) Post-Operative physical therapy sessions for right hand is not medically necessary and appropriate.