

Case Number:	CM14-0033433		
Date Assigned:	06/20/2014	Date of Injury:	02/05/2013
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 & 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 50-year-old female with a date of injury of 02/05/2013. The listed diagnosis per [REDACTED] is carpal tunnel syndrome. According to progress report 02/06/2014, the patient presents with continued bilateral upper extremity complaints. The patient reports continued pain in her right hand with frequent tingling. The patient is status post surgery of her right hand on 10/31/2013. The treater recommends hand therapy, additional 8 visits. Utilization review denied the request for 8 hand therapy on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy times 8 to right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient is status post carpal tunnel release on 10/31/2013. The treater is requesting additional 8 sessions of hand therapy "given the persistent symptomatology she has been experiencing in the area of the carpal tunnel incision." For Carpal Tunnel Syndrome, MTUS post-surgical guidelines page 15 allows for 3-8 sessions over 3-5 weeks. No physical

therapy notes accompany this medical file. In this case, review of the medical file indicates the patient received 12 post-operative physical therapy sessions. The requested additional 8 sessions exceeds what is allowed by MTUS and recommendation is not for medical necessity.