

Case Number:	CM14-0039522		
Date Assigned:	06/27/2014	Date of Injury:	06/10/2013
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Surgeon, Hand Surgeon 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 38-year-old female with a date of injury 06/10/2013. The mechanism of injury was not stated. Current diagnoses include status post right carpal tunnel release in 01/2014, left carpal tunnel syndrome, cervical strain, right shoulder strain, and low back pain. The injured worker was evaluated on 02/18/2014 with complaints of ongoing numbness in the left hand and increasing lower back pain. Physical examination revealed positive Tinel's and Phalen's testing in the left wrist, positive median nerve compression testing, intact sensation, and 5/5 motor strength. Treatment recommendations included post physical therapy for the right wrist and a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercise: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. There is no specific

body part listed in the current request. There is also no frequency of total duration of treatment listed. As such, the request is not medically necessary.

Carpal tunnel surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear, clinical and special study evidence of a lesion. There was no specific body part listed in the current request. There is also no mention of an exhaustion of conservative treatment. There were no electrodiagnostic reports submitted for this review. Based on the clinical information received, the request is not medically necessary.