

Case Number:	CM14-0063461		
Date Assigned:	07/11/2014	Date of Injury:	06/12/2009
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 injured worker is a 58-year-old male with a reported date of injury on 06/12/2009. The injury reportedly occurred when the injured worker was yanked by a chain while pulling to secure a load. His diagnoses were noted to include chronic moderate right carpal tunnel syndrome, clinical evidence of right ulnar neuropathy at the cubital tunnel, and history of right shoulder surgery. His previous treatments were noted to include lisp wrist splinting and medications. . The progress note dated 12/18/2013 reported complaints of numbness and tingling in all digits of his right hand. The injured worker reported pain that involved the first web space bilaterally and also along the radial aspect of the right wrist. The physical examination revealed a decreased grip strength to the right hand and a positive Finkelstein's. The Request for Authorization form was not submitted within the medical records. The request was for postoperative therapy 2 times a week for 5 weeks for tendon management desensitization.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP THERAPY TWO TIMES A WEEK FOR 5 WEEKS; TENDON MANAGEMENT DESENSITIZATION: Upheld

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

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

Decision rationale: The injured worker was awaiting authorization for a carpal tunnel release surgery. The postsurgical treatment guidelines recommend 3 to 8 visits over 3 to 5 weeks with postsurgical physical medicine treatment period of 3 months. There is a lack of documentation regarding surgical authorization or surgery having been completed to warrant postoperative therapy. Additionally, the request for 10 sessions of postoperative physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.