

Case Number:	CM14-0065072		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2012
Decision Date:	08/13/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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 and is licensed to practice in Georgia and 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 male who reported injury on 10/05/2012. The diagnosis was carpal tunnel syndrome. The documentation indicated the injured worker was status post right open mini carpal tunnel release on 01/13/2014 and had attended 11 postoperative physical therapy sessions. The documentation from 02/21/2014 revealed the injured worker had a sense of generalized coldness to the right hand and wrist. The physical examination revealed the injured worker was able to flex and extend the fingers without triggering with mild weakness. The grip strength was 49 and 39 on the right side and 126 on the left. The key pinch was 9 on the right and 31 on the left. The chuck pinch was 8 on the right and 29 on the left. The diagnoses included good early results for right mini open carpal tunnel release at 5 and half weeks. The treatment included that the injured worker would need vocational rehabilitation benefits. The documentation on 02/25/2014 from the hand therapy provider indicated the injured worker should have therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Hand Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 16.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate the treatment post surgically for a carpal tunnel release is 8 sessions of therapy. The clinical documentation indicated the injured worker had undergone 11 sessions of therapy. There was a lack of documentation of functional deficits to support the necessity for 12 additional visits. The injured worker should be well versed in a home exercise program. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for hand therapy 2 times a week for 6 weeks is not medically necessary.