

Case Number:	CM14-0068065		
Date Assigned:	07/14/2014	Date of Injury:	07/09/2011
Decision Date:	08/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 Rehabilitation, 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 40-year-old male who reported an injury on 07/09/2011. The mechanism of injury was not stated. Current diagnoses include status post right carpal tunnel decompression, status post removal of right distal radius fracture of hardware, and left carpal tunnel syndrome. The injured worker was evaluated on 03/01/2014 with reports of ongoing numbness in the thumb, index, and middle finger. Physical examination revealed a well-healed incision, no signs of any cellulitis, no erythema, no hematoma, hypertrophic scarring at the volar aspect, negative Tinel's and Phalen's testing, and no evidence of weakness or atrophy. Treatment recommendations included continuation of physical or occupational therapy and application of aloe vera, Mederma, or Kelo-cote.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 post-operative physical therapy visits to the right wrist Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

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

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. There is no documentation of the initial course of postoperative physical therapy. Without evidence of objective functional improvement, the current request for additional treatment cannot be determined as medically appropriate. Additionally, there was no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for additional treatment. Based on the clinical information received, the request is not medically necessary.

Aloe Vera or Mederma or Kelo-Cote topical twice daily to scars Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. As per the documentation submitted, there is no evidence of a significant functional deficit upon physical examination. The medical necessity for the requested topical medication has not been established. Therefore, the request is not medically necessary.