

Case Number:	CM14-0094515		
Date Assigned:	07/25/2014	Date of Injury:	11/22/2010
Decision Date:	09/23/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family 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 60 year old female whose date of injury is 11/22/2010. The mechanism of injury is not described. Treatment to date includes left carpal tunnel release and cubital tunnel release. The injured worker has been authorized for at least 12 physical therapy visits. Follow up note dated 05/20/14 indicates that range of motion is wrist flexion 46, extension 64, radial deviation 6 and ulnar deviation 29 degrees. Grip strength is 32 pounds on the right and 11 pounds on the left. There is hypersensitivity noted along the elbow incision. Diagnoses are bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 2 x 6 week - Bilateral Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Treatment.

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

Decision rationale: Based on the clinical information provided, the request for hand therapy 2 x 6 weeks bilateral hand is not recommended as medically necessary. The injured worker

underwent left carpal tunnel release and has been authorized for at least 12 physical therapy visits to date. CA MTUS guidelines support up to 8 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Therefore, this request is not medically necessary.