

Case Number:	CM14-0154740		
Date Assigned:	09/24/2014	Date of Injury:	06/06/2013
Decision Date:	01/16/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Illinois. 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 52-year-old female who reported injury on 06/06/2013. The surgical history included a right long finger trigger release and a right carpal tunnel release. The mechanism of injury was repetitive motion. The medications included atorvastatin, metformin and ibuprofen. The prior therapies included 12 postoperative physical therapy visits. The diagnostic imaging was not provided. The most recent documentation was dated 07/14/2014 and it revealed the injured worker had decreased edema to the right hand and it was noted to be trace. The injured worker's active range of motion was within normal limits bilaterally in the shoulder, elbow and in supination and pronation. The injured worker's strength in lateral pinch was decreased on the right. The injured worker had a positive cubital tunnel on the right. There was a lack of documented rationale for the requested therapy. There were no physician objective findings to request additional therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 2 x week for 4 weeks for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 22.

Decision rationale: The California Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines indicate that the postsurgical treatment for carpal tunnel syndrome is 8 visits and the postsurgical treatment for trigger finger release is 9 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone 12 sessions of therapy. There was a lack of documentation of remaining objective functional deficits and objective functional benefit that was received. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for additional post-op physical therapy 2 x week for 4 weeks for the right hand is not medically necessary.