

Case Number:	CM14-0190520		
Date Assigned:	11/24/2014	Date of Injury:	11/30/2012
Decision Date:	02/04/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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 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:

36 year old female claimant with an industrial injury dated 11/30/12. The patient is status post a left hand open carpal tunnel release, a left middle trigger finger release and left ring finger trigger release. Exam note 09/23/14 states the patient is experiencing numbness and tingling in the left hand; especially in the index finger. The patient explains that the fingers are stiff and sore. Upon physical exam the patient demonstrates a positive Tinel's and Phalen's test. There was no evidence of thenar atrophy present on the left hand. The patient demonstrated very sore A1 pulleys on the left middle and ring finger. Exam note 10/07/14 states the patient returns with left hand pain. Upon physical exam the patient demonstrated a stiff range of motion. Treatment includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT two times six left wrist: 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: Per the California MTUS/Post-Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. From the submitted records there is insufficient

documentation of how many visits have been performed postoperatively. In addition the request exceeds the maximum recommended visits. Therefore the determination is not medically necessary and appropriate.