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| Case Number: | CM14-0204273 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 08/12/2011 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 59 year old male who sustained an industrial injury on 8/12/2011. Past medical history includes hypertension and cardiovascular disease. The mechanism of injury was not identified. The injured worker is a retired firefighter. Per the Orthopaedic note dated 11/21/2014, the chief complaint was paresthesia of both upper extremities of increasing frequency, duration and intensity. Nerve conduction studies performed 1/20/2014 were indicative of carpal tunnel syndrome and certainly left cubital tunnel syndrome. The note indicated failed conservative treatment which included splinting at night, anti-inflammatory medication and rest, and recommendations were for right carpal tunnel release and ulnar nerve decompression at the cubital tunnel as well as excision of the mass from the volar radial aspect of his right wrist. The Utilization Review dated 12/4/2014 certified the following: left open carpal tunnel release, left radial wrist mass excision, preoperative testing and surgery clearance. The Utilization Review modified the request for post-operative physical therapy 12 sessions to 4 sessions. Per the UR, an initial course of four visits is appropriate per the MTUS postsurgical treatment guidelines, therefore the request for 12 sessions would exceed guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op PT 2 x 6 Qty: 12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-therapy ganglion excision.

Decision rationale: The patient will undergo ganglion cyst excision in addition to carpal tunnel release. The request for 12 visits falls within the range allowed by the MTUS guidelines for post-surgical therapy.