

Case Number:	CM14-0208695		
Date Assigned:	12/22/2014	Date of Injury:	08/24/2011
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 patient is a 54-year-old female who has submitted a claim for right de Quervain's tenosynovitis, right carpal tunnel syndrome and right cubital tunnel syndrome associated with an industrial injury date of 8/24/2011. Medical records from 2011 to 2014 were reviewed. The patient complained of persistent right hand pain status post right carpal tunnel release and submuscular ulnar nerve transposition on 10/8/2014. Physical examination showed no evidence of infection with improved range of motion. She had well-healed incisions. Treatment to date has included right de Quervain's release on 1/26/2012, wrist arthroscopy with triangular fibrocartilage complex (TFCC) debridement on 6/3/2013, right carpal tunnel release and submuscular ulnar nerve transposition on 10/8/2014, 12 sessions of post-operative physical therapy, home exercise program and medications. The utilization review from 12/3/2014 modified the request for additional right hand therapy 2x6/8 sessions into 8 sessions to meet the guideline recommendation of a total of 20 post-operative sessions. The patient had completed 12 sessions of therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional right hand therapy 2 times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. CA MTUS Post-Surgical Treatment Guideline recommends post-operative physical therapy for 20 visits over 10 weeks for ulnar nerve entrapment/cubital tunnel syndrome. In this case, the patient underwent right carpal tunnel release and submuscular ulnar nerve transposition on 10/8/2014. She had completed 12 sessions of post-operative physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Moreover, the requested additional 12 sessions exceeds the guideline recommendation since she had completed initial 12 visits. There is no discussion concerning need for variance from the guidelines. Lastly, there is no comprehensive physical examination documenting residual deficits. Therefore, the request for additional right hand therapy 2 times 6 is not medically necessary.