

Case Number:	CM15-0100763		
Date Assigned:	06/03/2015	Date of Injury:	06/01/2010
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 year old male, who sustained an industrial injury on June 1, 2010, incurring right hand injuries. Magnetic Resonance Imaging revealed carpal tunnel syndrome and tendonitis. Electromyography studies showed Carpal tunnel syndrome. Surgical carpal tunnel release was performed in 2011. Treatment included pain medications, topical analgesic gel, splinting, and occupational therapy. In 2014, the injured worker underwent right wrist arthroscopy, tendon release and neurectomy, secondary to internal derangement of the right wrist, carpal tunnel release and ulnar tendonitis. Currently, in 2015, the injured worker complained of continued pain and stiffness twenty weeks post right wrist arthroscopy. He complained of constant pain due to a delay in post-operative therapy. The treatment plan that was requested for authorization included additional post-operative right hand therapy three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative right hand therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web-based version postsurgical treatment for TFCC.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: CA MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequently course of physical therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In this case, additional post op therapy to the right hand is requested 3 times/week for 4 weeks. Sixteen visits over 10 weeks is appropriate for post-TFCC repair. The claimant has received 12 visits. The request for an additional 12 visits (total of 24 visits) exceeds the guidelines of 16 visits. Therefore, the request is deemed not medically necessary or appropriate.