

Case Number:	CM15-0130655		
Date Assigned:	07/17/2015	Date of Injury:	11/14/2013
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 58 year old male, who sustained an industrial injury, November 14, 2013. The injured worker previously received the following treatments injection into wrist joint, regional bier block, physical therapy, home exercise program, Ibuprofen and Ambien. The injured worker was diagnosed with left carpal tunnel syndrome release, pain in joint hand, tenosynovitis, of the bilateral hands, bilateral third trigger finger, right third trigger finger status post release, pain in the joint of the forearm and gouty arthritis. According to progress note of April 20, 2015, the injured worker's chief complaint was right hand pain. The physical exam noted tenderness in the right hand at incision. The sensation to the right hand was intact. The injured worker was experiencing increased pain in the right and left wrist. The pain was greater in the morning. The injured worker had completed 6 sessions of physical therapy of the left wrist with benefit. The injured worker had three session of physical therapy left. The treatment plan included a request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral hands additional physical therapy 3x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in November 2013 and underwent a left carpal tunnel release on 02/04/15 followed by 15 post-operative therapy sessions. When seen, he was having locking of the third fingers of both hands. Six additional therapy sessions were requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. For a trigger finger, 9 visits over 8 weeks can be recommended and at least partial concurrent care would be expected. In this case, the number of treatments is already in excess of guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was not medically necessary.