

Case Number:	CM15-0131612		
Date Assigned:	07/17/2015	Date of Injury:	01/15/2013
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
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: California

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 (IW) is a 53 year old female who sustained an industrial injury on 01/15/2013. She reported pain from doing repetitive motion work. The injured worker was diagnosed as having carpal tunnel syndrome, chronic pain syndrome, radial styloid tenosynovitis, bicipital tenosynovitis, and adhesive capsulitis. Treatment to date has included medications, physical therapy, pain management, and surgery. She had a right endoscopic carpal tunnel release, right deQuervain's release, and excision of right volar ganglion cyst on 04/23/2015, and right shoulder arthropathy with lysis of adhesions (12/04/2013). The worker has had 6 post-operative physical therapy sessions. Currently, (06/22/2015) the injured worker complains of pain in the right hand with stiffness and weakness in the right hand. She complains of a marked increase in pain since her physical therapy has ended. She also reports pain that radiates to the right shoulder. The surgical wounds are well healed. She has sensation intact to light touch in the digits of both hands and has tenderness over the first dorsal compartment with pain. The right shoulder has 120 degrees forward flexion, 100 degrees abduction, 60 degrees internal rotation, a positive impingement sign and a positive abduction sign. A nerve conduction study performed 10/2014 found no evidence of cervical radiculopathy. Medications are Wellbutrin SR, Effexor XR, Pennsaid, Percocet, and Naprosyn. The worker stopped taking Norco due to its limited efficacy, and stopped taking Tramadol due to its side effect of hot flashes. She appears uncomfortable and frustrated. A request for authorization is made for the following: Hand therapy 2 times per week for 6 weeks to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2 times per week for 6 weeks to the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: Regarding the request for hand therapy, CA MTUS supports up to 8 sessions after carpal tunnel surgery. Within the documentation available for review, the patient has completed 6 sessions and no functional improvement is clearly identified. Furthermore, the request exceeds the supported number of sessions and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested hand therapy is not medically necessary.