

Case Number:	CM15-0028400		
Date Assigned:	02/20/2015	Date of Injury:	08/08/2013
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/16/2015

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: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old male sustained a work related injury on 08/08/2013. According to a progress report dated 12/19/2014, the injured worker complained of pain in the right shoulder, right elbow and right wrist. Right wrist pain was described as a mild stabbing pain that was rated 5-6 on a scale of 1-10 that extended into the first, second and third digits. Pain was exacerbated with prolonged sitting and heavy lifting. He had trouble lifting a gallon of milk. Treatments have included physical therapy with some pain relief. Braces and non-steroidal anti-inflammatory medications provided minimal benefit. Diagnoses included right shoulder bursitis and impingement, partial rotator cuff tear, right elbow mild osteoarthritis with lateral epicondyle avulsion and right carpal tunnel syndrome. Electromyography and a nerve conduction study performed on 01/19/2015 revealed bilateral carpal tunnel syndrome, mild on the right and minimal on the left, with prolonged median sensory latencies across the wrist. On 02/10/2015, Utilization Review non-certified right wrist brace and modified post-op physical therapy x 8. According to the Utilization Review physician, the records submitted for review failed to include documentation to support the associated surgical procedure of a right wrist carpal tunnel release. In addition, the request as it was submitted exceeds guideline recommendations of one-half of the recommended physical therapy sessions for postsurgical carpal tunnel release. CA MTUS Postsurgical Treatment Guidelines were referenced. In regards to right wrist brace, the Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Right wrist brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: CA MTUS/ACOEM Chapter 11 Forearm, Wrist and Hand Complaints: Table 11-7, page 272 supports splinting as first-line treatment for carpal tunnel syndrome, DeQuervain's and strains. In this case, the exam note from 12/19/14 does not demonstrate another wrist brace. Therefore, determination is for certification.

Post-op physical therapy x 8: Upheld

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. Initially 1/2 of the number of visits is recommended. As the request exceeds 4 initial visits recommended, the determination is for non-certification.