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| Case Number: | CM15-0045597 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 06/17/2013 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Maryland

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

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 53 year old female who sustained an industrial injury on 6/17/13. Mechanism of injury is not available. Prior to 12/16/14 the injured worker complained of right hand numbness and tingling in fingers. Medications are not specifically named. Diagnosis is right and left carpal tunnel syndrome; right carpal tunnel release (12/16/14); left de Quervain's stenosing tenosynovitis; left carpal tunnel release (10/3/14). Treatments to date include median nerve block, physical therapy. Diagnostics include MRI of the right wrist (1/17/14). In the progress note dated 12/15/14 the treating provider requested outpatient surgery and physical therapy but nothing more specific.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical/EXT occupational therapy left wrist 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16 and 21.

Decision rationale: Post op physical/EXT occupational therapy left wrist 2 x 3 is not medically necessary per the MTUS Guidelines. The documentation indicates that as of 12/15/14 the patient had 15 out of 18 authorized visits. The guidelines recommend up to 8 visits for carpal tunnel release and up to 14 visits for de Quervain's tenosynovitis surgery. The request for 6 more sessions would further exceed this number. The patient should be versed in a home exercise program and there are no extenuating circumstances documented necessitating continued supervised therapy. The request is therefore not medically necessary.