

Case Number:	CM14-0139954		
Date Assigned:	09/08/2014	Date of Injury:	12/03/2012
Decision Date:	10/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 49-year old female who was injured on 12/03/2012 after slipping and falling, landing on her right hand. She was diagnosed with carpal tunnel syndrome, de Quervain tenosynovitis. She was treated with various oral and topical medications, surgery (right carpal tunnel release, right de Quervain release, 2/11/14), and physical therapy of the right hand/wrist (16 sessions). A manipulation by the physical therapist reportedly caused a setback with the worker's right hand pain, which continued even after completing the prescribed physical therapy. On 8/6/2014, the worker was seen by her primary treating physician complaining of bilateral upper extremity pain rated at 3/10 on the pain scale with medications and 6/10 without medications. There was no report of any further injury or worsening of her pain since her last visit. Physical examination revealed decreased range of motion, tenderness, and decreased sensation of the right wrist/hand. She was then recommended additional right hand physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 6 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The Post-Surgical Treatment Guidelines found in the MTUS Guidelines state that after carpal tunnel release, there is a recommended duration of physical therapy up to 3-8 sessions over 3-5 weeks. In the case of this worker, she had completed 16 sessions of supervised physical therapy on her right hand. There was no evidence that her most recent therapy sessions had contributed significantly to her recovery, improved function, or pain relief, as documented in the notes available for review. Also, it would not be expected that continuation beyond the recommended 3-8 sessions would, in most injured persons, be helpful anyway. Home exercises is the most appropriate next step for this worker, and therefore, the additional 6 sessions of supervised physical therapy are not medically necessary.