

Case Number:	CM14-0140580		
Date Assigned:	09/10/2014	Date of Injury:	11/02/2011
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 injured worker is a 64 year old female who reported an injury on 11/02/2011 with an unknown mechanism of injury. The injured worker was diagnosed with status post left de Quervain's release and status post bilateral carpal tunnel release. The injured worker was treated with surgery, splints, and medications. The injured worker had NCV/EMG on the left upper extremity; date not provided. The injured worker had bilateral carpal tunnel release in 11/27/2013, left de Quervain's release in 05/23/2014. On the clinical note dated 08/18/2014, the injured worker had a well healed de Quervain's incision. On the clinical note dated 07/14/2014, the injured worker had decreased tenderness over the first dorsal compartment with negative Finklestein's and it is noted that she was neurologically intact. On the clinical note dated 06/02/2014, the injured worker was prescribed Nabumetone 750mg twice daily and lidocaine pain patch 12 hours on/ 12 hours off. The treatment plan was for hand therapy for the left wrist and left elbow. The rationale for the request was not provided. The request for authorization was not submitted for review.

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 Left Elbow: Upheld

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

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

Decision rationale: The injured worker is diagnosed with status post left de Quervain's release and status post bilateral carpal tunnel release. The injured worker has a well healed de Quervain's incision. The injured worker has decreased tenderness over the first dorsal compartment with negative Finklestein's and it is noted that she is neurologically intact. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 14 visits over 12 weeks. There is a lack of documentation indicating whether the injured worker previously had physical therapy, as well as the number of visits and the efficacy of any prior therapy. Additionally, there is a lack of documentation that indicates objective functional deficits. As such, the request for Hand Therapy 2 times per week for 6 weeks Left Elbow is not medically necessary.

Hand Therapy 1 time per week for 2weeks Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wrist and Hand.

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

Decision rationale: The injured worker is diagnosed with status post left de Quervain's release and status post bilateral carpal tunnel release. The injured worker has a well healed de Quervain's incision. The injured worker has decreased tenderness over the first dorsal compartment with negative Finklestein's and it is noted that she is neurologically intact. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 14 visits over 12 weeks. There is a lack of documentation indicating whether the injured worker previously had physical therapy, as well as the number of visits and the efficacy of any prior therapy. Additionally, there is a lack of documentation that indicates objective functional deficits. As such, the request for Hand Therapy 1 time per week for 2weeks Left Wrist is not medically necessary.