

Case Number:	CM14-0168419		
Date Assigned:	11/10/2014	Date of Injury:	09/03/2008
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery 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:

Injured worker is a 54 year old female claimant with an industrial injury dated 09/03/08. Exam note 09/30/14 states the patient returns with bilateral hand pain. The patient explains that the left is worse than the right with severe right thumb pain and numbness. The patient is status post an injection to the right thumb in which did result in some improvement. Conservative treatments include medication, hand therapy, and a home exercise program. Upon physical exam there was no midcarpal or Distal Radial Ulnar Joint (DRUJ) instability of the right or left wrist. The patient completed a negative Watson shift and Pisto-triquetral shift test for both the left and right. There was evidence of tenderness at the 1st dorsal compartment of the right wrist with a positive Finkelstein test. There was no pain with resisted ulnar deviation for either wrist. The patient completed a positive Durkan's test, Tinel's test, and Phalen's test. Diagnosis is noted as carpal tunnel syndrome, trigger finger, lumbago, joint hand-pain, and lumbosacral disc degeneration. Treatment includes a left endoscopic carpal tunnel release with 12 postoperative hand sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative hand therapy 12 visits: 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): 16.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. The request exceeds the recommended amount. Therefore, the determination is for not medically necessary.