

<b>Case Number:</b>	CM14-0042794		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Practice 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 claimant is a 57 year old female who sustained a work injury on 4/16/07 involving the lower and upper extremities. She was diagnosed with carpal tunnel syndrome and underwent carpal tunnel release and a right 4th trigger finger release in January 2014. She underwent 8 sessions of therapy postoperatively. A progress note on 2/21/14 indicated the claimant had continued clicking, popping of the right 4 th digit and tenderness at the surgical site. She was able to for the 1st time fully grasp during a bead transfer. The treating physician subsequently requested 12 more session of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Postoperative Physical Therapy 2x6 weeks right trigger finger and right Carpal tunnel release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the ACOEM guidelines, therapy is recommended for education, counseling and evaluation for home exercise. The claimant had made good progress over 8 sessions of therapy. Additional therapy could be performed at home. The request for 12 additional visits is not medically necessary.