

Case Number:	CM14-0219345		
Date Assigned:	01/09/2015	Date of Injury:	06/10/2013
Decision Date:	03/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female who sustained an industrial injury on June 10, 2013. The injured worker has reported back pain and has been diagnosed with sprains and strains of the shoulder and upper arm, brachial neuritis or radiculitis not otherwise specified, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included medical imaging, surgery, splinting, anti-inflammatories, activity modification, therapy, and lumbar epidural injection with relief. Currently the injured worker has complained of burning, sharp, stabbing, and throbbing pain radiating to the left leg. The treating physicians treatment plan included to continue heat, ice, exercise, and medications. On December 24, 2014 Utilization review non certified Hand therapy 2 x 6=12 sessions for the left wrist hand noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy for the left wrist., 2 times a week for 6 weeks; 12 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 16; 20.

Decision rationale: The injured worker sustained a work related injury on June 10, 2013 . The medical records provided indicate the diagnosis of lateral epicondylitis, sprains and strains of the shoulder and upper arm, left thumb tenosynovitis, brachial neuritis or radiculitis not otherwise specified, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatments have included left carpal tunnel release surgery on 09/10/2014, splinting, anti-inflammatories, activity modification, therapy, and lumbar epidural injection with relief. The medical records provided for review do indicate a medical necessity for hand therapy for the left wrist, 2 times a week for 6 weeks; 12 sessions. The records indicate the injured worker had carpal tunnel release and left thumb tenosynovitis surgery on 09/10/2014. For either of these cases, the MTUS recommends the use of the post-surgical guidelines. The guidelines recommends, "Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline."The Guidelines recommends as follows: Carpal tunnel syndrome (ICD9 354.0):Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months Flexor tendon repair or tenolysis Zone 2 and other than Zone 2 [DWC]: Postsurgical treatment: Flexor tendon repair or tenolysis Zone 2: 30 visits over 6 months Postsurgical physical medicine treatment period: 8 months- Postsurgical treatment: Other than Zone 2: 20 visits over 3 months Postsurgical physical medicine treatment period: 6 months Flexor tenosynovectomy [DWC]: Postsurgical treatment: 14 visits over 3 months Postsurgical physical medicine treatment period: 6 months. Therefore, though the 10 visits approved exceeds the guidelines requirement for Carpal tunnel release, it falls short of the recommendations for the tenosynovitis surgery.