

Case Number:	CM15-0100808		
Date Assigned:	06/03/2015	Date of Injury:	07/13/2010
Decision Date:	07/01/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury on 7/13/10. She subsequently reported wrist pain. Diagnoses include carpal tunnel syndrome. Treatments to date include nerve conduction testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right wrist pain. Upon examination, right hand grip strength was diminished. There was full range of motion. The surgical site was healing without difficulty. A request for 12 Hand Therapy Sessions for The Right Wrist was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Hand Therapy Sessions for The Right Wrist: 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 Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hand/Forearm/Wrist Section: Physical/Occupational Therapy.

Decision rationale: The MTUS/ACOEM Guidelines comment on the management options for patients with carpal tunnel syndrome. These guidelines indicate that a recommended treatment is to have a physical therapist provide instruction to the patient on a home exercise program. The Official Disability Guidelines comment on the specific number of treatment sessions that are recommended for this condition. These guidelines state the following: Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks. In this case, the records indicate that the patient has already received physical therapy treatments; however, it is unclear how many sessions were provided, the patient's response to these sessions and whether the patient had received instruction on a home exercise program. The number of requested sessions, 12, exceeds the above cited Official Disability Guidelines for any time of Physical/Occupational Therapy. For these reasons, 12 hand therapy sessions for the right wrist is not considered as medically necessary.