

Case Number:	CM15-0121591		
Date Assigned:	07/02/2015	Date of Injury:	08/03/2013
Decision Date:	07/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 6/03/2013. Diagnoses include status post left carpal tunnel release and status post right ring finger trigger release. Treatment to date has included conservative measures including anti-inflammatory medications, bracing, splinting, physical therapy, home exercise and activity modification as well as surgical intervention (right carpal tunnel release, undated, right trigger finger release 4/13/2015, and left carpal tunnel release with trigger finger release on 3/09/2015). Per the Orthopedic Progress Report dated 4/28/2015, the injured worker reported doing well following left carpal tunnel release. She feels like she has good sensation, her fingers are mildly stiff, there is no clicking. Physical examination revealed mild swelling in the palm of the left hand with good mobility of the fingers. The plan of care included multiple exercises. Authorization was requested for 10 sessions of physical therapy for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Left Hand, Qty 10 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 16, 22.

Decision rationale: The claimant sustained a work-related injury in June 2013 and underwent a left carpal tunnel and trigger finger release in March 2015. When seen, she was doing well. There was mild swelling and finger stiffness. Exercise instruction was given. Authorization for 10 therapy sessions was requested with a diagnosis of status post Dupuytren's excision, although the surgery performed was actually a carpal tunnel and trigger finger release. Guidelines recommend up to 9 visits over 8 weeks following a trigger finger release and 3-8 visits over 3-5 weeks after a carpal tunnel release. In this case, only partial concurrent care would be expected. The number of treatments being requested considering the two procedures performed was within the guideline recommendation and is medically necessary.