

Case Number:	CM15-0128537		
Date Assigned:	07/14/2015	Date of Injury:	01/27/2014
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/03/2015

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 60 year old female who sustained an industrial injury on 1/27/14. Progress note dated 5/27/15 reports evaluation status post right carpal tunnel release and cortisone injection to the right thumb. Numbness in the hand and pain in the upper extremity have improved since the surgery. Diagnoses include: right hand pain, numbness right hand, right CMC joint arthrosis of the thumb, right carpal tunnel syndrome and arthritis MCP joint right index finger. Plan of care includes: course of therapy 2 times per week for 6 weeks and prescription given for Norco 5/325 mg. Work status is temporary disability until 7/22/15. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued hand therapy for the right wrist Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent a right carpal tunnel release with injection of the right first CMC joint on 05/15/15. When seen, she had improvement in numbness. Her wound was healing well. Authorization for 12 postoperative therapy treatments was requested. Norco was refilled. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. Guidelines recommend up to 9 therapy sessions over 8 weeks for joint pain such as from osteoarthritis. Concurrent treatment would be expected. In this case, the claimant's surgery appears uncomplicated. The number of treatments is in excess of guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It is not medically necessary.