

Case Number:	CM15-0129993		
Date Assigned:	07/16/2015	Date of Injury:	11/05/2013
Decision Date:	08/12/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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 56 year old female who sustained an industrial /work injury on 11/5/13. She reported an initial complaint of right hand pain. The injured worker was diagnosed as having s/p right hand surgery, carpal tunnel release, trigger thumb release, and right De Quervain's tenosynovitis-symptomatic. Treatment to date includes medication, surgery (carpal tunnel release and trigger finger release on 3/27/15), and some sessions of physical therapy. EMG/NCV (electromyography and nerve conduction velocity test on 6/27/14 revealed moderate to severe right carpal tunnel syndrome with significantly delayed median motor and sensory latencies across the wrist. Currently, the injured worker complained of weakness in the hand and stiffness. Per the primary physician's report (PR-2) on 6/12/15, exam noted Finkelstein's test is positive, the scar is healed, there is right carpal tunnel symptoms radiating up to the elbow. Current plan of care included more therapy and follow up in six weeks. The requested treatments include continued physical therapy right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy right upper, 3 times a week for 6 weeks (18 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 16, 21, 22.

Decision rationale: The claimant sustained a work-related injury in November 2013 and underwent a right carpal tunnel release with De Quervain and trigger thumb releases on 03/27/15. She had 9 post-operative therapy treatments. When seen, there was positive Finkelstein testing and symptoms were radiating to the elbow. Additional therapy was requested. 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. Post surgical treatment after a De Quervain release includes up to 14 therapy visits over 12 weeks and 9 visits over 8 weeks after a trigger finger release. In this case, at least partial concurrent treatments would be expected. The claimant's surgery appears uncomplicated. The number of additional treatments, 27 in total, is in excess what would be expected to be needed. And would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was not medically necessary.