

Case Number:	CM15-0172704		
Date Assigned:	09/14/2015	Date of Injury:	01/10/2012
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	09/01/2015

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 52 year old, female who sustained a work related injury on 1-10-12. The diagnoses have included status post bilateral carpal tunnel releases. Treatments have included occupational therapy and scar massage. In the progress notes dated 7-21-15, the injured worker reports left middle finger tingling sensation that is getting better but still happening. She also reports that the left middle finger occasionally gets "locked in a flexed position." She states it is worse at night. On physical exam, she has mild edema in left palm. There is no tenderness, crepitus or triggering noted. She is not currently working. The treatment plan includes a continuation of therapy. The Utilization Review, dated 7-28-15, there are no "extenuating circumstances" that would warrant exceeding current treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks to bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. 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 2012 and underwent an open left carpal tunnel release in February 2015. She has right carpal tunnel syndrome treated with an injection. As of 05/21/15 she had completed 11 postoperative therapy treatments. When seen, she was five months status post surgery. She was having occasional locking of the left middle finger. Her sensation was improving. Physical examination findings included an absence of crepitus or tenderness without triggering. Additional therapy was requested. In terms of therapy for a trigger finger, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended and the claimant has already had therapy after her carpal tunnel surgery with nearly identical therapeutic content expected when treating this condition. The request is not medically necessary.