

Case Number:	CM13-0008424		
Date Assigned:	03/24/2014	Date of Injury:	04/18/2011
Decision Date:	05/20/2014	UR Denial Date:	07/13/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 29-year-old gentleman who was injured in a work related accident on April 18, 2011. Recent clinical assessment for review of March 4, 2014 indicates the claimant underwent previous endoscopic carpal tunnel release on the right on May 9, 2013. Postoperative repeat electrodiagnostic studies of November 12, 2013 demonstrated improvement of the right median nerve function with continued residuals. It states the claimant has been treated with a significant course of postoperative physical therapy, home exercises, medication management and activity restrictions. There is a current clinical request for eight additional sessions of postoperative physical therapy. Further clinical records are not pertinent to the specific request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines and Chronic Pain Chapter, continuation of physical therapy in this case cannot be indicated. The

claimant is now several months following carpal tunnel release procedure having already undergone a significant course of physical therapy to date. The need for eight additional sessions of therapy at this stage in course of treatment would not be indicated. There would be no indication as to why transition to an aggressive home exercise program could not occur. As such, the request is not certified