

Case Number:	CM13-0009659		
Date Assigned:	11/27/2013	Date of Injury:	11/26/2012
Decision Date:	04/25/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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:

According to the records made available for review, this is a 56-year-old female with an 11/26/12 date of injury, and right CTR on 3/5/13. At the time (7/21/13) of request for authorization for eight (8) post-op physical therapy sessions, two (2) times a week for four (4) weeks for the hand/wrist, there is documentation of subjective (dropping items, decreased grip) and objective (decreased grip bilaterally) findings, current diagnoses (status post R CTR), and treatment to date (activity modification and PT x 15). There is no documentation of objective improvement with previous treatment

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) POST-OP PHYSICAL THERAPY SESSIONS, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE HAND/WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: The MTUS Postsurgical Treatment Guidelines supports 3-8 visits over 3-5 weeks for the postoperative management of carpal tunnel syndrome. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). Within the medical information available for review, there is documentation of a diagnosis of status post R CTR. In addition, there is documentation of 15 post-op PT visits completed to date, which exceeds guidelines, and functional deficits. However, there is no documentation of objective improvement with previous treatment. In addition, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding postoperative PT guidelines. Therefore, based on guidelines and a review of the evidence, the request for eight (8) post-op physical therapy sessions, two (2) times a week for four (4) weeks for the hand/wrist is not medically necessary.