

Case Number:	CM13-0012297		
Date Assigned:	06/06/2014	Date of Injury:	12/07/2012
Decision Date:	07/11/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

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 Neurological 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 injured employee is a 39-year-old female who states she had a work-related injury on December 7, 2012. There is a recent note in the attached medical record dated July 19, 2013 during which the injured employee followed up for reevaluation of her hands. The injured employee stated that she is doing well since surgery on her right hand and would like to proceed with surgery on the left hand. The physical examination of the right hand noted in text sutures and a healing wound without signs of infection. Examination of the left hand noted decreased sensation to the index finger. There was an assessment of status post right hand carpal tunnel release and left hand carpal tunnel syndrome. Sutures were removed and Steri-strips were placed. Physical therapy was requested two times a week for six weeks for a total of twelve visits. A left hand carpal tunnel release was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 7.

Decision rationale: Although the California MTUS chronic pain medical treatment guideline does allow for potential postsurgical treatment open carpal tunnel release for 3-8 visits over 3-5 weeks, there is no information in the attached medical record during the injured employee's postoperative visit that there is any range of motion or strength deficit in the right hand. Without a specific justification to participate in physical therapy to improve such deficits, this request for postoperative physical therapy for carpal tunnel syndrome is not medically necessary.