

Case Number:	CM13-0017491		
Date Assigned:	11/06/2013	Date of Injury:	08/12/2010
Decision Date:	01/28/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine and Rehabilitation, 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:

Patient is a 56 year-old female with a date of injury of 08/12/2010. Patient is status post left carpal tunnel release (04/24/2013). Patient was certified for 4 post-op physical therapy visits, as indicated on UR letter dated 02/25/2013. Progress reports dated 05/31/2013 by [REDACTED] state patient continues to improve with post-op physical therapy. In report dated 06/28/2013, [REDACTED] notes patient continues with complaints of pain in her left wrist radiating to the left upper extremity. Examination shows decreased sensation and strength with reduced range of motion. Request is for continuation of post-op physical therapy for 2x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome.

Decision rationale: Patient is status post carpal tunnel release dated 04/24/2013. Medical records show patient received 4 post-op therapy sessions. MTUS physical therapy guidelines allows for 3-8 visits for post-surgical carpal tunnel release. The current treater's request is for 12

sessions, which would exceed the 3-8 visits allowed by the MTUS guidelines for post-operative care following carpal tunnel release. Recommendation is for denial.