

Case Number:	CM13-0023143		
Date Assigned:	11/15/2013	Date of Injury:	10/13/2004
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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.

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 underlying date of injury in this case is 10/13/2004. The patient's diagnoses include low back pain treated surgically in July 20912 as well as carpal tunnel syndrome. A request has been submitted for a revision of a right carpal tunnel decompression with flexor tenosynovectomy and 12 postoperative therapy sessions. An initial physician review recommended proceeding with a carpal tunnel decompression. That reviewer modified the physical therapy request to 4 postoperative sessions. Treating physician notes do not provide a rationale as to why additional therapy would be indicated beyond the treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) post-op physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The California Medical Treatment Utilization Schedule Section on Carpal Tunnel Syndrome, page 15.

Decision rationale: The California Medical Treatment Utilization Schedule Section on Carpal Tunnel Syndrome, page 15, states, "There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome...the evidence may justify 3-

5 visits after surgery...benefits need to be documented after the first week, and prolonged therapy visits are not supported." The treatment guidelines, therefore, specifically do not recommend 12 physical therapy visits as had been requested at this time. The medical records at this time do not provide a rationale as to why this would be an exception requiring additional treatment. This request is not medically necessary.