

Case Number:	CM13-0025652		
Date Assigned:	11/20/2013	Date of Injury:	04/15/2011
Decision Date:	01/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, 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:

The patient is a 57-year-old female who reported an injury on 4/15/11 after stepping off a sidewalk onto a sprinkler head, causing a fall and injury to the right hand. The patient initially was treated conservatively with physical therapy and bracing, and later underwent carpal tunnel release of the left hand. The patient's most recent clinical findings indicate that the patient had decreased sensation in the ulnar distribution, and a positive Phalen's test and Tinel's sign. The patient's diagnosis included bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient postoperative physical therapy three times a week for four weeks for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Although the clinical documentation submitted for review does indicate that the patient recently underwent carpal tunnel release, and is not significantly improving with

postoperative care, and so may benefit from postoperative physical therapy, the request exceeds guideline recommendations. The California Medical Treatment Utilization Schedule recommends up to eight visits of postsurgical physical therapy. However, it is also recommended that an initial course of treatment be applied to determine the efficacy of postoperative physical therapy. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary or appropriate.