

Case Number:	CM13-0026509		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2012
Decision Date:	05/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 59-year-old male who reported an injury on 05/16/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the left upper extremity. The injured worker failed conservative treatments and carpal tunnel release surgery was recommended. The injured worker was evaluated on 08/22/2013. It was documented that the injured worker had decreased range of motion, a positive Phalen's test, and a positive Tinel's sign to the left with decreased sensation in the median nerve distribution of the left hand. The injured worker underwent an electrodiagnostic study that concluded there was mid level median sensory neuropathy at the carpal tunnel. A request was made for postoperative physical therapy 3 times a week for 3 weeks for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 3 X PER WEEK FOR 3 WEEKS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARPAL TUNNEL SYNDROME Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARPAL TUNNEL SYNDROME Page(s): 16.

Decision rationale: The requested postoperative physical therapy 3 times a week for 3 weeks for the left wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends 3 to 8 visits over a 3 to 5 week period in the postoperative management of a carpal tunnel release surgery. The clinical documentation submitted for review does indicate that the injured worker is a candidate for surgical intervention for carpal tunnel release. Therefore, postoperative physical therapy would be appropriate for this employee; however, the California Medical Treatment Utilization Schedule recommends an initial course of therapy equal to half the number of recommended visits. This would establish efficacy of treatment. This would be equal to 4 physical therapy visits. The request is for 9 physical therapy visits, which exceeds the guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested postoperative physical therapy 3 times a week for 3 weeks for the left wrist is not medically necessary or appropriate.