

Case Number:	CM13-0033298		
Date Assigned:	12/06/2013	Date of Injury:	09/12/2012
Decision Date:	02/27/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

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 Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38 YO female with a date of injury of 09/12/2012. The listed diagnoses per [REDACTED] dated 07/30/2013 are: 1. Right carpal tunnel syndrome 2. Right wrist Tenosynovitis 3. Status post right carpal tunnel release 07/18/2013 According to report dated 07/30/2013 by [REDACTED], patient presents for follow up for right carpal tunnel release. Patient notes right wrist is improving. It was also noted that patient complains of pain in her neck, hands, upper back, shoulders, upper arm and bilateral wrist. Pain is associated with numbness in the hands and swelling in the right hand. Treater requests additional 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: This patient presents with right carpal tunnel release dated 07/18/2013. Treater is requesting additional 12 physical therapy sessions. Utilization review dated 09/06/2013 modified certification to 3 sessions. Medical records show patient has had 3 post op physical therapy sessions as indicated on physical therapy report dated 08/12/2013. The MTUS

post surgical guidelines pg 15 under Carpal tunnel Syndrome states, recommendation is for 3-8 visits over 3-5 weeks with postsurgical physical medicine treatment period 3 months. The requested 12 sessions exceeds the 3-8 visits supported by MTUS for post surgical Carpal Tunnel Syndrome. Recommendation is for denial.