

Case Number:	CM13-0033579		
Date Assigned:	12/06/2013	Date of Injury:	09/15/2003
Decision Date:	02/19/2014	UR Denial Date:	10/03/2013
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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62 year old male who reported an injury on 09/15/2003. The patient underwent a left carpal tunnel release on 07/22/2013. The patient was initially authorized for 8 sessions of postoperative physical therapy. The clinical note dated 11/26/2013 reported the patient had complaints of persistent numbness and tingling in the left wrist with dropping objects. On examination of the left wrist, the patient had negative Phalen's and Tinel's with mild tenderness and swelling. The patient was recommended for right carpal tunnel release and initial physical therapy for the left wrist

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2 x 5 left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines recommend up to 8 sessions of physical therapy status post carpal tunnel release. The patient has completed 8 sessions of physical therapy to date. The documentation submitted for review fails to demonstrate the patient has any significant residual functional limitations that would warrant the need for 10 additional sessions

of formal physical therapy versus transition to a home exercise program. The request for 10 visits exceeds evidence-based guidelines for total duration of care and there are no exceptional factors. As such, the request is non-certified at this time.