

Case Number:	CM13-0035070		
Date Assigned:	12/13/2013	Date of Injury:	06/04/2009
Decision Date:	02/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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 Pulmonary Diseases 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 48-year-old female who reported injury on 06/04/2009 with the mechanism of injury being a motor vehicle accident. The patient was noted to have a carpal tunnel release on 06/25/2013 and noted to have participated in 12 postoperative physical therapy sessions. The patient was noted to remain symptomatic to the right wrist with soft tissue swelling and a lack of full range of motion. The diagnosis was noted to include right carpal tunnel syndrome and right cubital tunnel syndrome secondary to straining and jamming injury following a motor vehicle accident on 06/04/2009 and status post right carpal tunnel release on 06/25/2013. The recommendation was for additional physical therapy 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times per week for two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Guidelines indicate that the treatment for carpal tunnel release postoperatively is 8 visits. The patient was noted to have participated in 12 visits of postoperative surgical physical therapy. The physical examination revealed the patient

had soft tissue swelling diffusely about the right wrist. There was noted to be painful range of motion of the wrist and approximately 75% range of motion of the wrist and weakness of the grip in the hand. However, clinical documentation submitted for review failed to provide objective documentation the physical therapy had been beneficial to the patient and failed to indicate remaining functional deficits. Additionally, it failed to provide necessity for an additional 6 visits of physical therapy. The patient should be well versed in a home exercise program. Given the above and the lack of documentation of exceptional factors, the request for Prospective Additional Physical Therapy 3 times a week time two weeks is not medically necessary.