

Case Number:	CM13-0036522		
Date Assigned:	12/13/2013	Date of Injury:	10/06/1998
Decision Date:	04/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Georgia and 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 expert 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 61-year-old male who reported an injury on 10/06/1998. The mechanism of injury information was not provided in the medical record. The patient is status post carpal tunnel release performed on 08/08/2013. The patient received 6 postoperative physical therapy sessions without any documented increase in functional capabilities or decrease in the patient's signs and symptoms. The most recent clinical documentation following the carpal tunnel release procedure on 08/08/2013 was dated 08/12/2013 and reports the patient is status post left carpal tunnel release surgery and states tingling and numbness in his hands had decreased. Objective findings upon examination revealed range of motion was restricted with dorsiflexion limited to 30 degrees, but normal palmar flexion was noted. There was no limitation on ulnar deviation and radial deviation. Phalen's sign was positive and Tinel's on the left in addition to compression tests were positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT WRIST- 12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE Page(s):
98-99..

Decision rationale: Postsurgical guidelines are no longer in effect as the 6-month time period has expired. California MTUS, Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. There is no documentation in the medical record following the patient's surgical procedure suggesting that there has been any significant decrease in the patient's discomfort or increase in flexibility, strength, endurance, or function and range of motion with prior physical therapy sessions. There is no documentation from the physical therapy provided in the medical record. As such, the medical necessity for additional physical therapy cannot be determined at this time and the request for physical therapy to the left wrist 12 sessions is non-certified.