

Case Number:	CM13-0038104		
Date Assigned:	12/18/2013	Date of Injury:	01/21/2013
Decision Date:	02/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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 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:

This gentleman has been diagnosed with bilateral carpal tunnel syndrome. Apparently, he underwent bilateral carpal tunnel release. The request was to determine the medical necessity of postoperative therapy including ten sessions for the left and twelve sessions for the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Post-op physical therapy sessions for the left wrist: 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: The evidence based MTUS Guidelines recommend physical therapy as an option to rehabilitate patients following postoperative carpal tunnel release. Postoperative therapy would be indicated, however, the requested physical therapy visits for the left wrist exceed the guidelines.

12 Post-op physical therapy sessions for the right wrist: 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: The evidence based MTUS Guidelines recommend physical therapy as an option to rehabilitate patients following postoperative carpal tunnel release. Postoperative therapy would be indicated, however, the requested physical therapy visits for the right wrist exceed the guidelines.