

Case Number:	CM13-0039581		
Date Assigned:	12/20/2013	Date of Injury:	05/01/2012
Decision Date:	03/26/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 53-year-old female who reported an injury on 05/01/2012. The mechanism of injury is not specifically stated. The patient is currently diagnosed as status post right carpal tunnel release in 08/2013 and left carpal tunnel syndrome. The latest physician progress report was submitted on 11/06/2013 by [REDACTED]. The patient was status post right carpal tunnel release on 08/12/2013. The patient reported 6/10 pain. The patient had completed 12 sessions of physical therapy for the right wrist and hand. Physical examination revealed positive Tinel's and Phalen's testing on the left, diminished sensation in the median nerve distribution on the left, improved strength, and a well healed incision on the right. Treatment recommendations included continuation of a home exercise program for the right wrist and hand, as well as left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 4wks right wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS 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 can alleviate discomfort. As per the documentation submitted, the patient is status post right carpal tunnel release on 08/12/2013. California MTUS Guidelines further state postsurgical treatment following carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The patient has completed 12 sessions of postoperative physical therapy. Documentation of objective measurable improvement was not provided. The patient continues to report 6/10 right wrist and hand pain. The patient has been instructed in and compliant with a home exercise program. The medical necessity for ongoing treatment has not been established. Therefore, the request is non-certified.