

Case Number:	CM13-0039997		
Date Assigned:	12/20/2013	Date of Injury:	02/06/2012
Decision Date:	02/20/2014	UR Denial Date:	10/08/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 27 Years Old female with date of injury 02/16/2013. Patient has diagnosis of bilateral wrist tendinitis. The patient is status post right carpal tunnel release from 2012, and left carpal tunnel release in 01/2013. Progress report dated 10/03/2013 by [REDACTED], shows patient's wrists are well-healed, non-tender without signs of infection. Both wrists and digits have satisfactory range of motion. Physical therapy report dated 04/30/2013 shows patient has received 12 post-op physical therapy visits. The treater is requesting 12 additional physical therapy for bilateral hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision physical therapy two times a week for six (12 visits) for the left and right hands and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (CA MTUS). Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ,Carpal Tunnel Syndrome, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient is status post right and left carpal tunnel release from 2012 and 01/13 by [REDACTED]. According to physical therapy report from 04/30/2013, the patient unfortunately took a fall onto her hands 2 weeks following left carpal tunnel release. However, the patient was noted to have full mobility of the digits and wrists at the time of therapy treatments by 04/30/13. The patient continued with pain but appears to be doing better as the patient is noted to be working. The treater's note from 10/3/13 by [REDACTED] has well-healed scar with good range of motion. The treater has asked for 12 additional therapy. The patient is working and has increased pain from work activities. MTUS guidelines for post-operative treatments p15 recommends 3-8 visits over 3-5 weeks postsurgical treatment of carpal tunnel syndrome. Reviews of the reports indicate that during the post-operative period following left carpal tunnel release, 12 sessions of therapy were completed. The treater does not indicate the rationale for additional therapy at this time such as a new injury, significant neurologic changes, etc. Given adequate post-operative therapy already provided. Therefore, Decision physical therapy two times a week for six (12 visits) for the left and right hands and wrists is not medically necessary and appropriate.