

Case Number:	CM13-0040490		
Date Assigned:	12/20/2013	Date of Injury:	03/26/2012
Decision Date:	02/14/2014	UR Denial Date:	09/26/2013
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 a subspecialty in Pain Management 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 is a female patient with a date of injury of 3/26/12. A utilization review determination dated 9/26/13 recommends non-certification of 12 post-op physical therapy visits for the right wrist and post-op Cool Care cold therapy unit plus tech fee for the right wrist. A progress report dated 10/31/13 identifies that the patient is status post right carpal tunnel release 10/2/13. Subjective complaints include pain of the right wrist. Objective examination findings identify some limited ROM and a negative Tinel's. Diagnoses include bilateral wrist tenderness; s/p right carpal tunnel release; left carpal tunnel syndrome; and bilateral shoulder impingement/bursitis. Treatment plan recommends proceeding with 3 x 1 week authorized post op CTR physical therapy to right wrist and request authorization for additional 2 x 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) post-op physical therapy visits for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): pages 10 and 15-16.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for twelve (12) post-op physical therapy visits for the right wrist, California MTUS Postsurgical Treatment Guidelines support up to 3-8 physical therapy visits over 3-5 weeks after carpal tunnel release, with half that amount recommended initially. Within the documentation available for review, the patient is noted to have undergone a recent carpal tunnel release. However, the request for 12 sessions exceeds the California MTUS recommendations for postoperative physical therapy, which amounts to no more than 4 sessions initially and 8 session's total. In light of the above, the currently requested twelve (12) post-op physical therapy visits for the right wrist is not medically necessary.

Post-op Cool Care cold therapy unit plus tech fee for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Continuous cold therapy (CCT).

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for post-op Cool Care cold therapy unit plus tech fee for the right wrist, California MTUS does not address the issue. ODG supports the use of postoperative continuous cold therapy, but only for no more than 7 days. Within the documentation available for review, there is documentation that the patient recently underwent carpal tunnel release. However, there is no provision for modification of the request to the 7 days of use supported by ODG. In light of the above issues, the currently requested post-op Cool Care cold therapy unit plus tech fee for the right wrist is not medically necessary.