

Case Number:	CM13-0045150		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2011
Decision Date:	03/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/30/2013

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 and is licensed to practice in Illinois. 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 37-year-old male who reported injury on 10/15/2011. The mechanism of injury was not provided. The patient was noted to undergo a right open carpal tunnel release on 10/01/2013. The diagnosis was noted to be carpal tunnel syndrome. The request was made for postoperative PT/OT right wrist quantity 16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op PT/OT right wrist QTY:16: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16.

Decision rationale: California MTUS Postsurgical Treatment Guidelines indicate that the therapy recommended for carpal tunnel syndrome post surgically is 3 to 8 visits over 3 to 5 weeks; however, it additionally indicates that the initial course of therapy should be half the recommended therapy. The patient was noted to undergo an open carpal tunnel release on 10/01/2013. The request would be supported for 4 visits. There is a lack of documentation

indicating the necessity for 16 visits. Given the above, the request for postoperative PT/OT right wrist quantity 16 is not medically necessary.