

Case Number:	CM13-0047154		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2011
Decision Date:	03/17/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 43-year-old female with a 1/7/11 date of injury. At the time of request for authorization for Physical therapy times twelve (12) sessions for left carpal tunnel syndrome (CTS), there is documentation of subjective (pain and tingling in the left hand, stiffness, and difficulty holding objects) and objective (positive Tinel's sign, tenderness over the surgical site, and hypersensitivity of the left arm) findings, current diagnoses (left wrist/forearm carpal tunnel syndrome), and treatment to date (carpal tunnel release of the left wrist, 12 post-op physical therapy sessions, and medications). The 09/10/13 medical report indicates that the patient is status post left carpal tunnel release on 05/21/13, and has completed 12 sessions of physical therapy following left carpal tunnel release. Postoperative physical therapy guidelines for frequency, as well as treatment period are exceeded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy session for the left carpal tunnel syndrome (CTS): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines identifies up to eight (8) visits of post-operative physical therapy over five (5) weeks and post-surgical physical medicine

treatment period of up to three (3) months. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, there is documentation of status post left carpal tunnel release on 05/21/13 and twelve (12) sessions of post-operative physical therapy sessions completed to date, which exceeds guideline recommendations. Furthermore, given documentation of a 05/21/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.