

Case Number:	CM13-0047723		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2007
Decision Date:	02/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation, and is licensed to practice in New York and 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 43-year-old female who reported an injury on 07/28/2007. The patient is diagnosed with bilateral carpal tunnel syndrome and is status post right carpal tunnel release with distal forearm fasciotomy on 08/27/2013. The patient was seen by [REDACTED] on 10/16/2013. Physical examination was not provided. Treatment recommendations included additional hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative hand therapy for the right hand/wrist, twice per week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Physical Therapy Section

Decision rationale: The Post-Surgical Treatment Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic and open carpal tunnel release includes 3 to 8 visits over 3 to 5

weeks. The patient has completed a course of postoperative physical therapy. Despite ongoing therapy, the patient continued to report persistent pain. There was no documentation of objective measurable improvement. There is also no evidence of any musculoskeletal or neurological deficit upon physical examination on the requesting date of 10/16/2013. The request for additional post-operative hand therapy for the right hand/wrist, twice per week for three weeks, is not medically necessary or appropriate.