

Case Number:	CM13-0047988		
Date Assigned:	12/27/2013	Date of Injury:	06/11/2010
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
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 & 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:

This patient reported a 6/11/10 industrial injury claim. He has been diagnosed with L4/5 annular tear; thoracic sprain; left wrist healed ulnar-styloid fracture; right hand status post ORIF 3rd and 4th metacarpal, stable; bilateral CTS, with left CTR on 10/23/12; status post repair of multiple rib fractures; s/p blunt chest trauma and pulmonary contusion with left hemothorax; headaches, dizziness and disequilibrium; blurry vision and eye issue; alleged hearing loss; alleged sleep disorder and GI complaints. The IMR application shows a dispute with the 10/21/13 UR decision which was from [REDACTED]. The UR letter was based on the 9/5/13 medical report, and recommended non-certification for 12 PT sessions to the right wrist. The 9/5/13 medical report by [REDACTED] states he was requesting the right carpal tunnel release, and the PT x12 was for post-surgical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 physical therapy visits for right wrist 2 times per week x 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel, Continuous cold therapy (CCT) and Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11page 265..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The PT that was denied on the 10/21/13 UR letter was requested by [REDACTED], for post-surgical therapy for the anticipated right carpal tunnel release. MTUS post-surgical guidelines state "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" For CTS the general course of care is 3-8 visits, so the initial course is 2-4 visits. The request for 12 post-surgical PT sessions for CTR will exceed the MTUS post-surgical treatment guidelines.