

Case Number:	CM13-0050399		
Date Assigned:	12/27/2013	Date of Injury:	09/29/2011
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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, 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 is a 62 year-old female with a 2/29/2011 industrial injury claim. According to the 10/15/13 report from [REDACTED], she presents with 5/10 right wrist pain, after having the right CTR on 9/23/13. She takes Tramadol ER that drops the pain down 4-5 points on the 0-10 scale. [REDACTED] requests post-operative PT 3x4. On 11/5/13 Coventry UR denied all 12 PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Wrist and Hand 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents 3 weeks post-carpal tunnel release on the right wrist. The physician has requested an initial course of post-surgical PT 3x4. The MTUS post-surgical treatment guidelines states that a general course of care is 3-8 visits, and the initial course of care is half of that, or 2-4 sessions. The initial request for PT 3x4 will exceed the MTUS post-surgical guidelines recommendations.