

Case Number:	CM13-0051340		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2013
Decision Date:	12/31/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 expert 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 patient with a date of injury of 2/11/13. A utilization review determination dated 10/29/13 recommends non-certification of physical therapy. 8/6/14 medical report identifies that the patient was status post carpal tunnel release with typical pain and swelling. ROM is decreased secondary to surgery. She was to be seen again in two weeks for suture removal. 10/10/13 physical therapy report notes that the patient attended visit #5 of 8 authorized visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 4 for the right wrist/hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,15.

Decision rationale: Regarding the request for physical therapy, CA MTUS recommends 3-8 visits following surgical treatment of CTS, with half that amount recommended initially. Within the documentation available for review, the records suggest that the patient had completed 5 of 8 authorized postoperative physical therapy sessions. There is no documentation of remaining deficits after completion of the 8 authorized sessions that cannot be addressed within the context

of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of physical therapy recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.