

Case Number:	CM13-0053005		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2009
Decision Date:	04/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery and is licensed to practice in 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 34-year-old female who reported injury on 12/17/2009. The mechanism of injury was noted to be a repetitive injury. The patient was noted to be approved for right carpal tunnel release. The request was made for a preoperative clearance and postoperative physical therapy visits. The patient's diagnosis was bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov, Preoperative Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of General Internal Medicine found at <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine Online, preoperative assessment is expected before all surgical procedures. Clinical documentation submitted for review indicated the patient was approved to undergo right carpal tunnel surgery. As the patient's surgical procedure of right carpal tunnel release was approved per documentation, the request for a preoperative clearance is medically necessary.

Postoperative physical therapy for the right wrist (24 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Treatment Guidelines indicate that the appropriate treatment for a patient postoperatively for a carpal tunnel release is 3 to 8 visits, with initial therapy half the recommended number of visits. The request for 24 sessions is excessive. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 24 sessions of postop physical therapy for the right wrist is not medically necessary.