

Case Number:	CM13-0054366		
Date Assigned:	02/03/2014	Date of Injury:	06/17/2011
Decision Date:	05/08/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational 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:

According to the records made available for review, this is a 57-year-old female with a 5/17/11 date of injury, and left carpal tunnel release on 10/11/13. The request is for authorization for 12 sessions of postoperative physical therapy for the left wrist. There is documentation of subjective findings of mild to moderate pain over the left wrist. The current diagnoses include status post left carpal tunnel release and left lateral elbow epicondylitis. The treatment to date is left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT WRIST:
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 rationale: The California MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of

sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of status post left carpal tunnel release. However, the requested 12 sessions of postoperative physical therapy for the left wrist exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of postoperative physical therapy for the left wrist is not medically necessary.