

Case Number:	CM13-0057029		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2012
Decision Date:	04/01/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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, 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:

The patient is a 43-year-old female who reported an injury on 06/08/2012 due to cumulative trauma causing injury to the patient's wrists. The patient developed carpal tunnel syndrome and ultimately underwent right carpal tunnel release in 05/2013 and left carpal tunnel release in 10/2013. The patient's most recent evaluation of her left wrist documented that she had wrist soreness related to surgical pain with nearly full finger flexion and intact sensation along the median nerve distribution. The patient's treatment plan included a wrist brace and postsurgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2x6 left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The California Medical Treatment and Utilization Schedule recommends up to 8 visits of physical therapy in the postsurgical management of a carpal tunnel release. The requested 12 sessions exceeds this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond the

guideline recommendations. As such, the requested postop physical therapy 2x6 left wrist is not medically necessary or appropriate.