

Case Number:	CM13-0059479		
Date Assigned:	12/30/2013	Date of Injury:	11/23/2011
Decision Date:	05/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 34-year-old female who reported an injury on 11/23/2011. The mechanism of injury was not specifically stated. Current diagnosis is status post carpal tunnel release. The injured worker was evaluated on 09/25/2013. Physical examination revealed a well healing incision without erythema or active drainage. Treatment recommendations included physical therapy for the right hand. It is noted that the injured worker underwent right carpal tunnel release on 09/12/2013.

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 HAND AND WRIST 3 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,15-16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic or open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. Therefore, the current request for 12 sessions of physical therapy exceeds Guideline

recommendations. As such, the request for physical therapy for the right hand and wrist 3X4 is non-certified.