

Case Number:	CM13-0063266		
Date Assigned:	12/30/2013	Date of Injury:	09/03/2008
Decision Date:	04/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 patient is a 62-year-old female who reported an injury on 09/03/2008. The mechanism of injury was noted to be repetitive wrist motion. The patient was noted to have a neuroplasty of the median nerve at the carpal tunnel left, and a flexor tenosynovectomy as well as an internal neurolyses. The procedure was performed on 11/01/2013. Documentation dated 11/14/2013 revealed the physician wanted the patient to start postoperative physical therapy/occupational therapy for 12 visits. The diagnosis was status post left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 3X4 FOR THE LEFT WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that the appropriate postsurgical therapy for carpal tunnel syndrome is 3 to 8 visits. The initial physical therapy is half the number of recommended visits. The request for 12 visits would be excessive

and would not be supported. The request would be supported for 4 visits. Given the above, the request for postop physical therapy 3x4 for the left wrist/hand is not medically necessary.