

Case Number:	CM13-0064057		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2013
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/11/2013

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 Preventive 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 58-year-old male with a 4/26/13 date of injury. At the time (11/25/13) of the Decision for 4 initial postoperative physical therapy sessions, there is documentation of subjective (complaints referable to the right wrist with numbness and tingling in the right thumb, index finger, and middle finger) and objective (forearm atrophy; tenderness about the carpal tunnel; positive Phalen's and Tinel's signs; 4/5 strength; and decreased sensation over the thumb, index, and long finger) findings, current diagnoses (right carpal tunnel syndrome), and treatment to date (medications, exercises, and night splint). In addition, medical reports identify a pending carpal tunnel release that has been certified/ authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 INITIAL POSTOPERATIVE PHYSICAL THERAPY SESSIONS: 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: 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of a pending carpal tunnel release that has been authorized/certified. Based on guidelines and a review of the evidence, the request for 4 initial postoperative physical therapy sessions is not medically necessary.