

Case Number:	CM13-0068289		
Date Assigned:	01/03/2014	Date of Injury:	07/07/2010
Decision Date:	03/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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 65-year-old female who sustained a work-related injury on 7/7/10. Subjective complaints include persistent pain to the right wrist, and hypersensitivity over the surgical site. Objective findings include right wrist hypersensitivity and tenderness to palpation over the carpal tunnel, positive Tinel's and Phalen's signs at the left wrist. The current diagnosis is status post right carpal tunnel release on 5/14/13, and treatment to date has been 14 postoperative physical therapy sessions and medication. The treatment plan indicates additional postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

six additional physical therapy sessions for the right 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 MTUS Postsurgical Treatment Guidelines identify up to eight visits of post-operative physical therapy over five weeks, and a post-surgical physical medicine treatment period of up to three months. Within the medical information available for review, there is documentation of a diagnosis of status post right carpal tunnel release on 5/14/13, and a plan

indicating additional postoperative physical therapy visits. However, there is documentation of 14 sessions of post-operative physical therapy sessions completed to date, which already exceeds guidelines. In addition, there is no documentation of a statement identifying why residual deficits cannot be resolved in the context of a home exercise program. Furthermore, given documentation of a 5/14/13 date of surgery, the post-surgical physical medicine treatment period is already past, according to guideline recommendations. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy is not medically necessary.