

Case Number:	CM13-0068622		
Date Assigned:	01/03/2014	Date of Injury:	05/13/2008
Decision Date:	07/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 Hand Surgery and is licensed to practice in Oregon. 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 48-year-old male who sustained a work-related injury involving both wrists on 05/13/08. An electrodiagnostic study of the bilateral upper extremities was performed on 05/13/13, which revealed prolonged median distal motor latency and sensory latency and transcarpal conduction, time bilaterally. The remainder of the study was normal. In a report dated 11/22/13, the patient presented with continued symptoms in the bilateral wrists, right greater than the left. He complained of bilateral wrist pain that extended into the right shoulder and reported that he dropped objects. He also had weakness of the bilateral hands, right greater than the left. It was noted in an AME report dated 05/13/13 that the patient was going to need a carpal tunnel release. Physical examination of the right wrist, revealed positive Tinel's sign with paresthasias extending into the second, third and fourth digits of the right hand; positive Durkin's test with numbness and paresthasias extending into the first through fourth digits of the right hand; positive Phateri's test and the pain was extending up to the right arm into the rightshoulder during Durkin's and Phalen's testing, The patient was diagnosed with right carpal tunnel syndrome, right wrist flexor tenosynovitis, right median nerve neuropraxia and right distal antebrachial fasciitis. The patient was recommended for right wrist flexor tenosynovectomy with carpal tunnel release, decompression arterial arch, neurelysis median nerve, tenolysis of flexor tendon and faseiotomy distal antebrachial; medical clearance; durable medical equipment such as a right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY FOR THE RIGHT WRIST (12 SESSIONS):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS guidelines state that eight visits of physical therapy are supported following carpal tunnel release. In this case, 12 postoperative physical therapy visits have been requested following carpal tunnel release surgery. This request exceeds the MTUS guidelines. Therefore, the requested postoperative physical therapy is not medically necessary.