

Case Number:	CM13-0068691		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2006
Decision Date:	04/22/2014	UR Denial Date:	11/21/2013
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 Physical Medicine & Rehabilitation, 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 50-year-old male who reported an injury on 10/03/2006. The mechanism of injury was not provided in the medical records. The patient was diagnosed with carpal tunnel syndrome. The patient's symptoms, physical examination, and past treatment were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS POST OP PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the MTUS Postsurgical Guidelines, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The MTUS Postsurgical Treatment Guidelines state physical therapy for the treatment of carpal tunnel syndrome is recommended at 3-8 visits over 3-5 weeks. However, the documentation submitted for review stated "therapy is helping post-op". In the absence of details regarding previous physical therapy treatment, such as number of visits completed, duration of treatment, and measurable objective functional gains made throughout those physical therapy sessions, the request for- physical therapy is not supported. Exceptional

factors would also be needed to warrant additional physical therapy that exceeds the Guidelines' recommendations. Given the above, the request for 12 sessions of post operative physical therapy is not medically necessary and appropriate.