

Case Number:	CM13-0070503		
Date Assigned:	01/03/2014	Date of Injury:	02/24/2003
Decision Date:	06/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 63 year old female who reported an injury on 02/24/2003. The mechanism of injury is unknown. The clinical notes dated 11/07/2013 reported the injured worker complained of left wrist pain with numbness and weakness. The injured worker had been authorized for left carpal tunnel release surgery. The physical exam noted a positive Phalen's and reverse Phalen's sign on the left wrist with decreased grip strength. The request for authorization for the post-operative physical therapy x 12 was provided and dated 11/27/2013. The provider recommended physical therapy and strengthening therapy for the left wrist to accelerate the recovery process and prevent delay in the injured workers management.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY X 12: 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 request for post-operative physical therapy x 12 is non-certified. The injured worker reported left wrist pain with numbness and weakness. The injured worker had been authorized for left carpal tunnel release surgery. The surgery was done on 11/15/2013. The

post-surgical treatment guidelines recommend up to 8 visits after surgery with only 4 sessions initially. Given the request submitted the number of visits requested for physical therapy exceed the recommended guidelines. Therefore, the request for post-operative physical therapy x 12 is not medically necessary.