

Case Number:	CM13-0072251		
Date Assigned:	04/04/2014	Date of Injury:	08/02/2011
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 59-year-old male with a reported date of injury on 08/02/2002. The mechanism of injury was not submitted within the medical records. His diagnosis was noted as right carpal tunnel. The injured worker had a right carpal tunnel release on 10/08/2013 and 18 visits of postoperative physical therapy. The progress note dated 12/04/2013 reported weakness to the right wrist and mild tenderness noted around the incision. The provider reported a limitation to the right wrist with full extension, full radial and ulnar deviation, as well as full supination and pronation. The provider also noted weak grip strength to the right wrist. The request for authorization form was not submitted within the medical records. The request is for 6 additional sessions of physical therapy for the right wrist; the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARPAL TUNNEL SYNDROME.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The injured worker has had previous documented sessions of physical therapy totaling 18. The postsurgical treatment guidelines regarding carpal tunnel syndrome recommend 3 to 8 visits over 3 to 5 weeks. There is a lack of documentation regarding current measurable objective functional deficits to range of motion and to motor strength. There is also a lack of documentation regarding quantifiable objective functional improvement. The injured worker has a documented number of 18 visits with physical therapy and also using a home exercise therapy program. There are no exceptional factors documented to warrant the need for additional physical therapy sessions. Therefore, the request is not medically necessary and appropriate.