

Case Number:	CM14-0001147		
Date Assigned:	01/22/2014	Date of Injury:	12/27/2011
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 54 year old male with a reported injury date on 12/27/2011; the mechanism of injury was not provided. Diagnoses include bilateral carpal tunnel syndrome per electrodiagnostic study on 08/15/2013. The progress note dated 01/23/2014 noted that the injured worker was status post carpal tunnel release of the left hand. It was also noted that the injured worker had complaints that included numbness and pain. Objective findings included an incision present to the left wrist that was tender but healing. The request for post-operative occupational therapy 3x4 was submitted on 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POSTOPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK TIMES FOUR WEEKS TO THE LEFT HAND: 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 outpatient postoperative physical therapy three times a week for four weeks to the left hand is not medically necessary. The California MTUS guidelines recommend the use of physical therapy post operatively for functional improvement. The

guidelines recommend up to 8 visits over 5 weeks with a post-surgical period of treatment lasting 3 months. In addition, the guidelines only recommend 4 sessions for the initial phase. The request asks for a total of 12 visits, which exceeds the total number of recommend visits. As such this request is not medically necessary.