

Case Number:	CM14-0006840		
Date Assigned:	02/07/2014	Date of Injury:	11/02/2010
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine and is licensed to practice in California. 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 55-year-old female who has submitted a claim for carpal tunnel syndrome, associated with an industrial injury date of 11/02/2010. The medical records from 2012 to 2013 were reviewed. Patient complained of pain and stiffness at the bilateral wrist post-carpal tunnel release. This resulted to dropping off objects unintentionally. Range of motion of the right wrist was measured at 25 degrees towards flexion, and 55 degrees towards extension. Edema and weakness were likewise noted. The treatment to date has included endoscopic right carpal tunnel release on 6/28/2013, left carpal tunnel release on 10/25/2013, home exercise program, and physical therapy (7 sessions). A utilization review from 12/30/2013 denied the request for physical medicine procedure because the requested number of visits exceeded the guideline recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PROCEDURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The CA MTUS Post-Surgical Treatment Guidelines recommend physical therapy for 3 to 8 visits over 3 to 5 weeks for post-endoscopic carpal tunnel release. In this case, patient underwent endoscopic left carpal tunnel release on 10/25/2013. Patient complained of residual painful range of motion. Physical therapy may be a reasonable option. However, the present request as submitted failed to specify the type of treatment, body part to be treated, and number of sessions. The request is incomplete; therefore, the request for physical medicine procedure is not medically necessary.