

Case Number:	CM14-0103662		
Date Assigned:	07/30/2014	Date of Injury:	09/01/2011
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/05/2014

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 Orthopedic Surgery, 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 injured worker is a 58-year-old female who reported an injury on 09/01/2011. The mechanism of injury was not specifically stated. The current diagnosis is carpal tunnel syndrome. The injured worker was evaluated on 04/02/2014. It is noted that the injured worker was 2 weeks status post right hand endoscopic carpal tunnel release. Physical examination of the right hand revealed difficulty with digital extension, limited wrist flexion, intact ulnar and radial deviation, full pronation and supination, negative crepitus, minimally decreased sensation, and intact incision sites. Treatment recommendations included hand therapy or physical therapy for mobilization and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 16..

Decision rationale: California MTUS Guidelines stated the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following

endoscopic carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 8 sessions of physical therapy exceeds guideline recommendations. It is also noted that the injured worker was previously issued authorization for 8 sessions of physical therapy postoperatively. Based on the clinical information received, the request for Physical Therapy is not medically necessary.