

Case Number:	CM14-0016854		
Date Assigned:	04/11/2014	Date of Injury:	09/20/2011
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 injured worker is a 44-year-old female who reported an injury on 09/20/2011 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included bilateral carpal tunnel release, acupuncture, brace immobilization, resting, physical therapy, and postoperative physical therapy. The injured worker was evaluated on 09/17/2013. It was documented that the injured worker was scheduled to undergo left carpal tunnel release. The request was made for physical therapy for the bilateral wrists. An operative report dated 09/30/2013 documented that the injured worker underwent left carpal tunnel release. The injured worker was evaluated on 12/05/2013. It was documented that the injured worker was status post bilateral carpal tunnel release with persistent pain with the left surgery performed in September of 2013 and the right surgery performed in May of 2013. Physical findings included bilateral well-healed surgical scars with restricted range of motion. The injured worker's diagnoses included status post right carpal tunnel release, status post left carpal tunnel release, and left carpal tunnel syndrome. The injured worker's treatment plan included initiation of physical therapy for the bilateral wrists post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Treatment Guidelines.

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

Decision rationale: The requested physical therapy for the bilateral wrists is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 8 visits of postsurgical physical therapy for carpal tunnel release. However, the clinical documentation only supports that the injured worker recently underwent left carpal tunnel release. Therefore, the need for bilateral physical therapy is not indicated in this clinical situation. Additionally, the request as it is submitted does not clearly identify a frequency or treatment duration. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy of the bilateral wrists is not medically necessary or appropriate.