

Case Number:	CM14-0017833		
Date Assigned:	04/16/2014	Date of Injury:	01/10/2012
Decision Date:	06/03/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/12/2014

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 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:

This patient sustained an injury to her bilateral upper extremities on 01/10/02. Records indicate the claimant is now status post bilateral carpal tunnel release procedures for which a 03/26/14 progress report indicates she was seven months out from surgery with continued complaints of pain and a burning sensation. Physical examination showed 5/5 motor strength to the upper extremities with equal and symmetrical reflexes, no motion deficits to the wrists and a neurologic examination showing sensory change to the thumb, second and third digit. Further clinical findings were not noted. Claimant was diagnosed with continued carpal tunnel syndrome status post carpal tunnel release procedure. Further physical therapy for eight additional sessions to the bilateral wrists was recommended. The claimant was noted to have attended greater than 20 sessions of postoperative therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 FOR BILATERAL CARPAL TUNNEL SYNDROME:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support additional sessions of physical therapy. In the postoperative setting, the guidelines would support physical therapy for up to eight sessions following carpal tunnel release procedure. This individual has exceeded the guidelines by having already attended 20+ sessions of therapy with recent clinical assessment showing no evidence of positive physical examination findings indicative of weakness or lack of function. Therefore, the request for physical therapy 2x4 for bilateral carpal tunnel syndrome is not medically necessary and appropriate.