

Case Number:	CM14-0110126		
Date Assigned:	09/16/2014	Date of Injury:	08/21/2012
Decision Date:	10/21/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/15/2014

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 Nevada. 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 records, presented for review, indicate that this 26 year old gentleman was reportedly injured on August 21, 2012. The most recent progress note, dated June 2, 2014, indicated a followup for a right sided carpal tunnel release. Surgery was performed on April 10, 2014. There was a complaint of wrist pain and thumb pain. Current medications include Norco. The physical examination demonstrated tenderness of the carpal tunnel release site and full range of motion of the right thumb. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included right and left sided carpal tunnel surgery. A request was made for physical therapy two times a week for five weeks for the right hand and wrist and was not certified in the preauthorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per Week x 5 Weeks Right Hand and Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines (electronically cited).

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, three to eight visits of physical therapy are recommended for postsurgical treatment of carpal tunnel syndrome. As this request exceeds these guidelines, this request for physical therapy twice a week for five weeks for the right wrist and hand is not medically necessary.