

Case Number:	CM14-0129403		
Date Assigned:	08/18/2014	Date of Injury:	11/05/2013
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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 request for 12 sessions of post-operative physical therapy is not medically necessary. The California MTUS Postsurgical Guidelines allow up to 20 post-surgical physical therapy visits following surgery for ulnar nerve entrapment, with an initial trial of 10 visits. The injured worker underwent right carpal tunnel release and Cubital tunnel release on 03/05/2014. A 05/16/2014 clinical indicated that surgery for her left wrist had been denied, but the Request for Authorization form listed her diagnoses included status post left carpal tunnel release and status post left Cubital tunnel release. However, no procedure note or other documentation was submitted to indicate that she had undergone left wrist or elbow surgery and all of the physical therapy notes provided address only the right upper extremity. Based on these possible discrepancies within the medical record and lack of clear evidence showing that surgery has been performed on the left upper extremity, the request is not supported. Thus, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Continue post operative physical therapy visits three times a week for four weeks (3x4) to the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18..

Decision rationale: The request for 12 sessions of post-operative physical therapy is not medically necessary. The California MTUS Postsurgical Guidelines allow up to 20 post surgical physical therapy visits following surgery for ulnar nerve entrapment, with an initial trial of 10 visits. The injured worker underwent right carpal tunnel release and cubital tunnel release on 03/05/2014. A 05/16/2014 clinical indicated that surgery for her left wrist had been denied, but the Request for Authorization form listed her diagnoses included status post left carpal tunnel release and status post left cubital tunnel release. However, no procedure note or other documentation was submitted to indicate that she had undergone left wrist or elbow surgery and all of the physical therapy notes provided address only the right upper extremity. Based on these possible discrepancies within the medical record and lack of clear evidence showing that surgery has been performed on the left upper extremity, the request is not supported. Thus, the request is not medically necessary.