

Case Number:	CM14-0152420		
Date Assigned:	09/22/2014	Date of Injury:	06/01/2010
Decision Date:	11/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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 is a 37-year-old female who sustained an injury on 06/01/10 related to repetitive activities. Medical records provided for review specific to the claimant's left wrist documented that the claimant was status post left carpal tunnel release procedure performed on 05/16/11 and status post ulnar nerve release at the left elbow on 08/13/13. The electrodiagnostic study of the left upper extremity dated 02/05/13 identified moderate median sensory neuropathy at the wrist consistent with carpal tunnel syndrome. It was documented that the EMG was normal for all muscle studies. The office note dated 08/13/14 revealed continued symptoms in the left hand with more symptoms noted at night. Physical examination showed a positive Tinel's and Phalen's testing of the left median nerve with diminished sensation to light touch over the median nerve digits. The office note documented that, based on failed conservative care; the recommendation was made for left revision carpal tunnel release procedure, preoperative medical clearance, and postoperative physical therapy. There is no indication of further electrodiagnostic testing in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy two times a week for 8 weeks, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitation Guidelines, eight sessions of postoperative physical therapy to the left wrist would not be indicated. The proposed revision left carpal tunnel release is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.