

Case Number:	CM14-0156032		
Date Assigned:	09/25/2014	Date of Injury:	07/01/2012
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The claimant is a 42 year old female who sustained an injury to the upper extremities as a result of repetitive use on 07/01/12. Medical records provided for review specific to the claimant's right upper extremity documented that following failed conservative, the claimant underwent right carpal tunnel release on 05/16/14. Postoperatively, the PR2 report dated 08/11/14, documented that the claimant was "doing very well" but described mild pain, numbness, and tingling to the third digit only. Objectively, there was a well healed incision and the neurovascular status was described to be grossly intact. The recommendation was made for continuation of physical therapy for eight additional postoperative sessions. According to documentation, the claimant has already had more than eight sessions of postoperative physical therapy since surgery on 05/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical therapy right hand QT^Y: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Post-Surgical Treatment Guidelines, the request for eight additional sessions of physical therapy cannot be recommended as medically necessary. The medical records document that the claimant has already exceeded the Post-Surgical Guideline criteria following a carpal tunnel release as the medical records document that the claimant has had eight+ sessions of physical therapy in the postoperative setting. The Post-Surgical Guidelines recommend up to eight sessions of physical therapy following a carpal tunnel procedure. The requested eight additional sessions would exceed the guidelines and would not be medically necessary.