

Case Number:	CM14-0159075		
Date Assigned:	10/02/2014	Date of Injury:	08/06/2012
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Interventional Spine 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 patient is a 65 year old female with an injury date of 08/06/12. Per the 08/14/14 and 08/19/14 progress reports by [REDACTED], the patient presents with left wrist pain. Examination reveals signs of infection and mild expected edema. The patient's diagnosis is status post left wrist carpal tunnel release 07/15/14. Reports include the 07/15/14 operative report carpal tunnel release left wrist. The utilization review being challenged is dated 09/04/14. The rationale is that the request is partially certified at 8 visits per guidelines. Reports were provided from 01/10/14 to 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 6wks left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with left wrist pain and mild edema status post left carpal tunnel release on 07/15/14. The treating physician requests for Physical Therapy 3x6

weeks for the left wrist. MTUS Carpal Tunnel Syndrome page 15 allows postsurgical treatment for endoscopic and open 3-8 visits over 3-5 weeks. In this case, the patient is documented to be within the postsurgical treatment period. The reports provided do not indicate prior physical therapy for this condition. In this case, however, the 18 sessions requested exceed what is allowed by MTUS. Therefore, the request is not medically necessary.