

Case Number:	CM14-0159433		
Date Assigned:	10/03/2014	Date of Injury:	02/18/2014
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
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 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 claimant is a 21-year old female with a date of injury on 02/18/2014. The medical records provided for review documented diagnoses of right wrist sprain and carpal tunnel syndrome. The report of electrodiagnostic testing dated 04/16/14 revealed evidence of right carpal tunnel syndrome. The records document the claimant has failed conservative care for which carpal tunnel release surgery is recommended. There is a current request for 12 additional post-operative sessions of physical therapy in relationship to the claimant's diagnosis for carpal tunnel syndrome. There is no documentation that the claimant has had any post-operative physical therapy at the time of this request to clarify the request for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Post Operative Physical Therapy Visits Right Wrist, 3 x 4 with Evaluation as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/HandandWrist;Table 2, Summary of Recommendations, Hand and Wrist Disorders>

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Post-Surgical Rehabilitative Guidelines, the request for 12 additional sessions of physical therapy for the claimant's right wrist postoperatively is not recommended as medically necessary. The Post-Surgical Guidelines recommend from three to eight (3-8) sessions of physical therapy following carpal tunnel release. There is no documentation in the medical records to explain why the claimant would require more therapy after surgery than the standard treatment criteria. Therefore, the request for 12 sessions of physical therapy after surgery exceeds the guideline criteria and cannot be supported.