

Case Number:	CM14-0159814		
Date Assigned:	10/03/2014	Date of Injury:	01/08/2001
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
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:

The claimant is a 68 year old female who injured her left upper extremity on 01/08/01. The clinical records provided for review included the Utilization Review determination dated 09/18/14 that authorized endoscopic left carpal tunnel release surgery based on failed conservative care, positive electrodiagnostic studies and physical examination findings. The review is for a postoperative request for 24 initial sessions of physical therapy following the endoscopic left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Post-op physical therapy session for the left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines, the request for twenty-four sessions of physical therapy is not recommended as medically necessary. The Postsurgical Guidelines recommend three to eight physical therapy sessions over three to five weeks after carpal tunnel release. This request for twenty-four sessions would far exceed

the guideline criteria. There is no documentation to indicate that the claimant would be an exception to the standard guideline treatment.