

Case Number:	CM14-0162484		
Date Assigned:	10/07/2014	Date of Injury:	02/28/2012
Decision Date:	11/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas and Georgia. 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 injured worker is a 46-year-old female who reported an injury on 02/28/2012. The mechanism of injury was not provided. Surgical history included a left wrist carpal tunnel release on 04/15/2014 and a right lateral epicondylar release, as well as a right carpal tunnel release. The medications included Xanax, Motrin, and Meclizine. Surgical intervention took place on 04/15/2014. The documentation of 09/09/2014 revealed the injured worker had been receiving physical therapy. The documentation indicated the injured worker had not gotten authorization for physical therapy for her left carpal tunnel release and her right arm had been receiving physical therapy and was doing better. The physical examination revealed a well healed lateral epicondylar scar on the right elbow. The injured worker had tenderness to palpation of the left wrist scar. The left wrist examination revealed the injured worker had mild tenderness to palpation over the left thenar eminence. There was mild decreased sensation in the median nerve distribution. The injured worker had tenderness to palpation in the neck without radicular symptoms. The diagnoses included left carpal tunnel release surgery and right carpal tunnel release surgery. The physician documented the injured worker needed additional physical therapy for the left upper extremity. The documentation indicated the injured worker had residual symptoms of weakness after her carpal tunnel release and the request was made for physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional post-operative physical therapy sessions for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,15.

Decision rationale: The California MTUS Postsurgical Guidelines recommend postsurgical carpal tunnel therapy for 3 to 8 visits and the recommended initial therapy is half the number of recommended visits. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy for the right extremity. There was a lack of documentation indicating if the injured worker had prior post-operative physical medical treatment for the left wrist. The request for 8 additional sessions would be excessive. This request would be supported for 4 visits, if it was the initial course of therapy. Given the above, and the lack of clarification, the request for 8 additional postoperative physical therapy sessions for the left wrist is not medically necessary.