

Case Number:	CM14-0165716		
Date Assigned:	10/10/2014	Date of Injury:	09/16/2009
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 injured is a 58 year old female who was injured on 09/16/2009 when she was struck on the head. She has had a right carpal tunnel release with synovectomy on 01/09/2012 and on 09/22/2014; she underwent a left carpal tunnel release. Follow-up note dated 09/11/2014 revealed decreased pinch strength and tingling of the left thumb, index, and middle fingers. On exam, the left wrist was tender over the volar aspect of the scaphoid bone. She has positive Tinel's and positive Phalen's and decreased sensation in median distribution. She is diagnosed with carpal tunnel syndrome. She is recommended for a post-op physical therapy of the left wrist. Prior utilization review dated 09/19/2014 by [REDACTED] states the request for Post-op physical therapy left wrist s/p left carpal tunnel release; 18 visits is denied as the request amount exceeds what is allowed.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post-Op Physical Therapy Visits, Left Wrist s/p Left Carpal Tunnel Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19-22.

Decision rationale: Guidelines allow for 3-8 visits over 3-5 weeks. The injured worker underwent a left carpal tunnel release on 09/22/2014. The request of Post-op physical therapy left wrist s/p left carpal tunnel release; 18 visits exceed the guidelines. The medical necessity is not established; therefore, the request for 18 Post-Op Physical Therapy Visits, Left Wrist s/p Left Carpal Tunnel Release is not medically necessary.