

Case Number:	CM14-0020456		
Date Assigned:	05/02/2014	Date of Injury:	06/29/2000
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 71-year-old female who injured her upper extremities on 06/29/2000 and underwent right and left carpal tunnel releases in 2000 and 2001. The records provided for review pertaining to the left upper extremity documented a left revision carpal tunnel release procedure, which occurred on 11/22/13. Following surgery, the 12/23/13 progress report indicated improvement with both flexion and extension, less swelling and numbness had resolved. There continued to be tenderness to palpation. It was noted that the claimant was prescribed ten (10) postoperative sessions of physical therapy. An additional sixteen (16) sessions of occupational therapy were recommended for the left upper extremity, hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) PHYSICAL THERAPY VISITS FOR THE RIGHT HAND AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The Postsurgical Treatment Guidelines recommend three to eight (3-8) visits of therapy over a three to five (3-5) week period of time, following carpal tunnel release procedure. This individual has already undergone ten (10) sessions of physical therapy. The request for sixteen (16) additional sessions would exceed the guideline recommendations. There is no documentation of objective findings on examination to indicate that this claimant would be an exception to the recommended standard treatment. The request for additional physical therapy cannot be supported as medically necessary.