

Case Number:	CM14-0026325		
Date Assigned:	06/13/2014	Date of Injury:	04/26/2011
Decision Date:	11/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 52 year-old female. The patient's date of injury is 4/26/2011. The mechanism of injury is not stated. The patient has been diagnosed with carpal tunnel syndrome. The patient's treatments have included surgical intervention. The medical records were reviewed. The physical exam findings dated 2/5/2014 states observation of the incision on the patient's left wrist was healing. The Tinel's sign was equivocal. There are no other physical exam finding included in the clinical documents. The patient's medications are not stated. The request is for 12 session of physical therapy. A modified request of 4 sessions was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 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): 15-16.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 sessions of physical therapy for the left wrist. MTUS guidelines state the following: 3-8 visits over 3-5 weeks in 3 months post-surgery. The current request exceeds the recommended amount of sessions. A modified request

of 4 sessions was approved. According to the clinical documentation provided and current MTUS guidelines; 12 sessions of physical therapy, per the request, is not indicated as a medical necessity to the patient at this time.