

Case Number:	CM14-0031717		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2013
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 California, Tennessee and Florida. 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 38 year old female whose date of injury is 06/07/2013. She sustained a cumulative work injury to the bilateral hands and wrists. She is status post bilateral carpal tunnel release in 2002 followed by left carpal tunnel revision surgery on 01/06/14. Note dated 01/13/14 indicates that the injured worker will begin physical therapy for the left wrist in one week. It appears that the injured worker has completed 12 postoperative physical therapy visits to date. She subsequently underwent revision right carpal tunnel release on 03/17/14. Progress report dated 06/02/14 indicates that she complains of left hand pain with numbness in the fingers rated as 4/10. On physical examination Tinel's is negative. Phalen's is present. There is diffuse forearm tenderness without specific swelling. Diagnosis is status post bilateral carpal tunnel release, bilateral shoulder strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post- op Physical Therapy , Left wrist QTY: 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured worker underwent left carpal tunnel release revision on 01/06/14 and has completed approximately 12 postoperative physical therapy visits. The Post-

Surgical Treatment Guidelines Carpal tunnel release support up 3-8 sessions of physical therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.