

Case Number:	CM14-0031766		
Date Assigned:	04/09/2014	Date of Injury:	10/24/2011
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 41-year-old female who was injured on October 24, 2011. The records provided for review indicate ongoing complaints of the upper extremities. The report of electrodiagnostic studies performed on June 27, 2012 revealed moderate right and mild left median neuropathy at the wrist consistent with carpal tunnel syndrome. Following a course of conservative care, the claimant underwent an August 22, 2013 open right carpal tunnel release. The postoperative clinical record of December 4, 2013 indicated subjective complaints of continued right hand swelling with documentation that the claimant is making slow yet steady progress following surgery. It states she has been treated with physical therapy and anti-inflammatory agents. Objectively, there was good mobility of the digits and a well healed incision. A left carpal tunnel release was recommended. As of March 21, 2014, the left carpal tunnel release had not been performed. This request is for twelve initial sessions of postoperative physical therapy for the contralateral left upper extremity following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY TIMES 12, LEFT CTS (CARPAL TUNNEL SYNDROME): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CARPAL TUNNEL SYMDROME, POST-SURGICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines do not support the request for twelve sessions of postoperative physical therapy therapy. The Postsurgical Guidelines recommend three to eight therapy visits over a three to five week period of time in the postoperative setting following carpal tunnel release. The requested twelve sessions of postoperative physical therapy exceeds the Postsurgical Guidelines and cannot be recommended as medically necessary. There is no documentation to determine why this claimant would require more postoperative physical therapy that the standard guideline criteria.