

Case Number:	CM14-0042657		
Date Assigned:	06/25/2014	Date of Injury:	12/20/2004
Decision Date:	08/20/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas. 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 54-year-old male who reported an injury on 12/20/2004. The mechanism of injury was not stated. Current diagnosis is carpal tunnel syndrome. It is noted that the injured worker underwent a right carpal tunnel release on 01/20/2014. The injured worker was evaluated on 02/11/2014. Physical examination revealed 40-degree active flexion with 35-degree active extension and diminished strength. Treatment recommendations at that time included physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3x4 for right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment

following carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. Therefore, the current request for 12 sessions of postoperative physical therapy for the right hand/wrist exceeds guideline recommendations. As such, the request is not medically necessary.