

Case Number:	CM14-0051103		
Date Assigned:	07/07/2014	Date of Injury:	05/25/2011
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency Medicine 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 injured worker is a 51 year-old female, who sustained an injury on May 25, 2011. The mechanism of injury is not noted. Diagnostics have included: August 21, 2012 right wrist MRI was reported as showing a previous fracture of the radius and ulna, navicular fracture and TFCC tear; EMG/NCV (no date noted) was reported as showing bilateral moderate median neuropathy and possible ulnar cubital tunnel syndrome. Treatments have included: medications, 24 sessions of physical therapy, injections, acupuncture, bracing, May 2012 left carpal tunnel release; right carpal tunnel release on February 5, 2014. The current diagnosis is s/p right carpal tunnel release. The stated purpose of the request for Physical Therapy 2 x 5 weeks-Right Wrist, was to not noted. The request for Physical Therapy 2 x 5 weeks-Right Wrist, was denied on April 4, 2014, citing a lack of documentation of the number of completed post-op physical therapy sessions. Per the report dated March 1, 2014, the treating physician noted the injured worker underwent right carpal tunnel release on February 5, 2014 and is ready to start post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 5 weeks-Right 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: The requested Physical Therapy 2 x 5 weeks-Right Wrist, is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Carpal Tunnel Syndrome, Pages 15-16, recommend up to 8 post-op physical therapy sessions for this condition. The treating physician has documented that the injured worker underwent right carpal tunnel release on February 5, 2014 and is ready to start post-op physical therapy. The treating physician has not documented the number of completed post-op physical therapy sessions to date, if any. Further the request for 10 post-op physical therapy sessions is in excess of the afore-mentioned maximum number of recommended post-op physical therapy sessions. The criteria noted above not having been met, Physical Therapy 2 x 5 weeks-Right Wrist, is not medically necessary.