

Case Number:	CM14-0064331		
Date Assigned:	07/11/2014	Date of Injury:	02/19/2013
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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, has a subspecialty in Hand 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 52-year-old female who reported an injury on 06/12/2013. The mechanism of injury was not stated. The current diagnosis is status post right carpal tunnel release. The injured worker was evaluated on 03/20/2014. The injured worker reported ongoing pain, numbness, and tingling in the right hand and wrist. The injured worker noted no benefit following surgical intervention. Physical examination revealed sensitivity over the scar at the palmar aspect of the hand, decreased sensation to pinprick, and diminished grip strength. Treatment recommendations included additional postoperative physical therapy. It is noted that the injured worker underwent a right carpal tunnel release on 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 4 weeks of the right hand: Upheld

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

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

Decision rationale: 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. The injured worker has completed an unknown amount of postoperative physical therapy to date. There is no documentation of the previous course of treatment with evidence of objective functional improvement that would warrant the need for additional treatment. Based on the clinical information received, the request is not medically necessary.