

Case Number:	CM14-0077717		
Date Assigned:	07/18/2014	Date of Injury:	08/30/2010
Decision Date:	08/25/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 64-year-old female who reported an injury on 8/30/10. The mechanism of injury was not stated. Current diagnoses include bilateral carpal tunnel syndrome and status post bilateral carpal tunnel release. The injured worker was evaluated on 4/24/14. It is noted that the injured worker is status post bilateral carpal tunnel release and has completed 12 sessions of physical therapy. Physical examination revealed tenderness over the right carpal tunnel incision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy:Right hand/wrist PT 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Physical Therapy.

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 post surgical physical medicine treatment recommendations. As per the documentation submitted, the injured worker is status post right carpal tunnel release on 2/14/14. The California

MTUS Guidelines state post surgical treatment following carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. It is noted that the injured worker has completed 12 sessions of postoperative physical therapy to date. However, there was no documentation of objective functional improvement that would warrant the need for additional treatment. Additionally, the current request for 12 sessions of postoperative physical therapy exceeds guideline recommendations. As such, the request is not medically necessary.