

Case Number:	CM14-0081453		
Date Assigned:	07/18/2014	Date of Injury:	04/20/2001
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 Neurology 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 (IW) is a 66 year old female with a reported date of injury on 4/20/2001. The IW was employed as a housekeeper and developed left hand carpal tunnel syndrome. The mechanism of injury is reported to be secondary to over exertion. The IW is status post carpal tunnel release surgery on 01/09/2014 and has previously completed five post-operative rehabilitation sessions. Per the occupational rehabilitation note provided from 2/11/14, the IW has successfully obtained the goals established in the treatment including the following: full range of motion in the wrist, achieving grip strength of a minimum of 20 lbs. and improved fine motor movements with the left hand. A clinical progress note dated 4/25/14 indicated the IW demonstrates full range of motion in the left wrist, a normal sensory exam and able to achieve a grip strength of 30, 25, and 30 lbs. when using a Jamar Dynamometer in three attempts. A previous request for an additional 12 physical therapy sessions was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the left wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 and 99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Per the post-surgical therapy guidelines contained in the MTUS regarding carpal tunnel surgery, the evidence may suggest three to five visits in a four week period after surgery up to maximum of eight visits over three to five weeks. In this particular case, the IW has already received five post-surgical visits over a four week period (ending 2/11/14). This is consistent with the guidelines and the IW has already met the objective goals established by the therapist. An additional twelve physical therapy sessions are not justified as there is no evidence to support additional therapy. The IW was able to meet the treatment goals of therapy and additional therapy is not medically necessary