

Case Number:	CM14-0083018		
Date Assigned:	07/21/2014	Date of Injury:	11/05/2009
Decision Date:	08/26/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Georgia. 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 44-year-old female who reported an injury on 11/05/2009 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the right wrist. Due to failure to respond to conservative treatments, the injured worker ultimately underwent carpal tunnel release in 12/2013. This was followed by post-surgical physical therapy. The injured worker was evaluated on 02/06/2014 after 8 visits of physical therapy. Physical findings of the right wrist documented tenderness over the scar with decreased sensation in all digits and 40% of full range of motion. Additional physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #12 sessions: Upheld

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

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

Decision rationale: The requested physical therapy, #12 sessions, would not be medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends 3

to 8 physical therapy visits in the post-surgical management of an injured worker who has undergone carpal tunnel release. The clinical documentation submitted for review does indicate that the injured worker has participated in 8 visits of physical therapy. However, the clinical documentation does indicate that the injured worker has continued significant deficits. A short course of additional physical therapy of up to 3 visits to address remaining deficits and transition the injured worker into a home exercise program would be indicated in this clinical situation. However, 12 visits would be considered excessive. Additionally, the request as it is submitted does not clearly identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy, #12 sessions, is not medically necessary or appropriate.