

Case Number:	CM14-0088753		
Date Assigned:	07/23/2014	Date of Injury:	03/02/2013
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine & Rehabilitation 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 36-year-old female who reported an injury on 03/02/2013. The mechanism of injury was not specified in the medical records. The injured worker is diagnosed with status post left open carpal tunnel release and left cubital tunnel syndrome. Her past treatments were noted to include 12 postoperative physical therapy visits to date. It was noted that the injured worker reported an improvement to her symptoms, but that she had only gone to 4 sessions of postoperative physical therapy following her carpal tunnel release. On 4/02/2014 patient had a left carpal tunnel release surgery. Her physical examination indicated poor effort with range of motion testing, normal sensation, a heel incision, and mild to moderate tenderness. Patients medications noted were Norco and Naprosyn. The treatment plan was noted to include additional postoperative physical therapy, 2 times a week for 4 weeks. The rationale for additional postoperative physical therapy was to be that if the injured worker were left to her own devices she would not improve. The request for authorization form was not provided for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy 2 times a week for 4 weeks (8) to the left hand/wrist: Upheld

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

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

Decision rationale: The California MTUS Postsurgical Guidelines indicate that postsurgical physical therapy may be supported following open carpal tunnel surgery at 3 to 8 visits over 3 to 5 weeks. The 05/19/2014 clinical note indicated that the injured worker had only completed 4 sessions of physical therapy. However, the 05/19/2014 physical therapy note indicated that the injured worker had completed 9 visits by that date. There were no objective values provided from her 05/19/2014 visit to indicate significant objective functional improvement made from her initial evaluation. The documentation did not indicate exceptional factors to warrant additional physical therapy beyond the guideline recommendations, therefore additional post-operative physical therapy, 2 times a week for 4 weeks (8) to the left hand/wrist is not medically necessary and appropriate.