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| Case Number: | CM14-0091499 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/05/2009 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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:

This female has a long history of upper extremity nerve pain. Electrodiagnostic testing shows carpal tunnel syndrome of the left hand. She has already had surgery for the right hand with some improvement in symptoms. The records also mention a diagnosis of cubital tunnel syndrome although nerve conduction confirmation of this diagnosis is not evident in the records. Carpal and cubital tunnel releases and postoperative therapy are planned treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy left wrist/elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS guidelines support postoperative physical therapy following carpal tunnel release. According to the MTUS guidelines, eight visits are supported following endoscopic or open carpal tunnel release. The records do not confirm the medical necessity for cubital tunnel release. MTUS guidelines support up to 20 therapy visits following cubital tunnel release. If cubital tunnel release is ultimately certified, then the 20 visits should be medically necessary.