

Case Number:	CM13-0035133		
Date Assigned:	01/03/2014	Date of Injury:	09/29/2011
Decision Date:	04/16/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who reported an injury on 09/29/2011. The mechanism of injury, diagnostic studies and medications were not provided. The injured worker underwent a left hand carpal tunnel release and underwent 12 sessions of physical therapy. The physical examination of 08/05/2013 revealed a diagnosis included left hand carpal tunnel syndrome status post carpal tunnel release. The injured worker was able to extend her thumb, abduct her index, and oppose her thumb to her little finger. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy two times six for the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines indicate that postsurgical treatment for carpal tunnel release is 8 sessions

of occupational or physical therapy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The injured worker should be well versed in a home exercise program as she had undergone 12 sessions of therapy. There was a lack of documentation of objective functional benefit and remaining functional deficits. The request as submitted failed to indicate the dates for the requested treatment. Given the above, the request for postoperative physical therapy 2 times 6 for the left hand is not medically necessary.