

Case Number:	CM14-0188113		
Date Assigned:	11/18/2014	Date of Injury:	06/07/2013
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Hand Surgery, and is licensed to practice in Texas. 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 06/07/2013. The diagnoses included carpal tunnel syndrome, right wrist. The mechanism of injury was repetitive motion. The injured worker's medications included Vicodin, Flexeril, and gabapentin. Other therapies included physical therapy, an elbow sleeve, brace, a TENS unit, and a carpal tunnel release on 08/25/2014. The diagnostic studies included bilateral upper extremities EMG/NCV. The documentation of 10/15/2014 revealed the injured worker had pain along the incision site. The injured worker had weakness of grip strength secondary to pain. There was mild tenderness along the carpal tunnel, although there was no Tinel's present. The treatment plan included 12 sessions of physical therapy at 3 times per week for 4 weeks to improve range of motion, function, and strength postoperatively. 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 of the right hand, 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15.

Decision rationale: The California Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines indicate that the initial therapy for carpal tunnel syndrome is half the recommended number of sessions. The total recommended sessions would be 8. There was documentation the injured worker had undergone therapy. However, there was a lack of documentation of the quantity of sessions and whether the therapy had been participated in postoperatively or pre-operatively. If the therapy was post-surgical, there was a lack of objective functional benefit and a necessity for twelve additional sessions. If this request was for the original sessions, the request would be excessive and would only be supported for 4 sessions. Given the above and the lack of clarification, the request for post-operative physical therapy of the right hand 3 times 4 is not medically necessary.