

Case Number:	CM14-0189256		
Date Assigned:	11/17/2014	Date of Injury:	05/12/2004
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

According to the records made available for review, this is a 57-year-old female with a 5/12/04 date of injury, and status post left carpal tunnel release 6/30/14. At the time (10/9/14) of request for authorization for post-op physical therapy LT wrist, there is documentation of subjective (left wrist pain and left hand numbness) and objective (still very weak in the ability to grip and extend the fingers, most difficulty in the ring finger; slight hypesthesia along the volar aspect of the left index and middle fingers) findings, current diagnoses (status post left carpal tunnel release), and treatment to date (activity modification and post-op physical therapy x 8 visits). Medical records identify an increase in range of motion with previous physical therapy. There is no documentation of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy LT wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post carpal tunnel release. In addition, there is documentation of status post left carpal tunnel release on 6/30/14 and 8 sessions of post-operative physical therapy sessions completed to date with reported increase in range of motion. However, given documentation of a 6/30/14 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. In addition, given that the request is for additional post-op physical therapy LT wrist, which along with the number of visits provided to date, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for post-op physical therapy LT wrist is not medically necessary.