

Case Number:	CM14-0197743		
Date Assigned:	12/08/2014	Date of Injury:	06/14/2009
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in Fellowship Trained in Adult Reconstruction Surgery and is licensed to practice in Pennsylvania. 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 is a female who reported an industrial related injury due to cumulative trauma from 6/14/09 to 6/14/10. The injured worker underwent a right carpal tunnel release on 01/09/2014. On 01/22/2014, she presented with postsurgical pain in her right wrist and was noted to be taking Motrin and Robaxin. The objective findings revealed healing incisions on the right wrist with edema and ecchymosis in the right medial forearm. She also had tenderness at the surgical site, decreased range of motion, and a positive Finkelstein's test. The treatment plan included a recommendation for postsurgical physical therapy twice a week for 4 weeks for the right wrist. On 06/18/2014, the injured worker complained of persistent triggering of the right thumb. The objective findings revealed triggering of the right thumb and middle finger. The treatment plan included right thumb and middle finger release and prescribed Motrin, Prilosec, and Robaxin. On 10/29/14 the utilization review (UR) physician denied the request for post-operative physical therapy twice a week for 4 weeks. The UR physician noted postoperative physical therapy was not medically necessary as the associated requested surgical intervention was felt to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The request for associated surgical service: Postop physical therapy 2x4 is not medically necessary. The California MTUS Guidelines recommend 3 to 8 visits of postsurgical physical therapy for carpal tunnel syndrome. The injured worker underwent a right carpal tunnel release in 01/2014. However, the surgical procedure occurred in 01/2014 and there was a lack of documentation to show conservative care received since the date of surgery. Additionally, the medical records indicate a previous request for a surgical intervention was found not medically necessary, resulting in a denial of postoperative physical therapy in 10/2014. Therefore, the request for associated surgical service: Postop physical therapy 2x4 is not medically necessary.