

Case Number:	CM14-0203563		
Date Assigned:	12/16/2014	Date of Injury:	03/15/2013
Decision Date:	03/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 year old female claimant with an industrial injury dated 03/15/13. The patient is status post a right carpal tunnel release as of 12/24/13. The patient has completed 12 PT/OT sessions. Exam note 04/21/14 states the patient returns with mild pain in the right hand, numbness, and tingling in the left wrist. Upon physical exam there was evidence of tenderness surrounding the radial styloid and scapholunate joint. There was evidence of tenderness also over the median nerve. The patient had a 1+ swelling present. Exam Phalen's and Tinel's tests were both positive. Muscle strength was noted as a 4/5 bilaterally. Diagnosis is noted as carpal tunnel syndrome of the bilateral wrists, joint contracture, trauma arthropathy of the forearm, and tenosynovitis of the hand/wrist. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4, left wrist: Upheld

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. From the exam note from 4/21/14 there is insufficient documentation of how many visits have been performed postoperatively. In addition the request is outside the 3 month allowed window. Therefore the determination is for non-certification.