

Case Number:	CM15-0002184		
Date Assigned:	01/13/2015	Date of Injury:	08/06/2013
Decision Date:	12/03/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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: Minnesota, Florida

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:

The injured worker is a 50 year old female, who sustained an industrial injury on August 6, 2013, incurring right upper extremity injuries. She was diagnosed with bilateral carpal tunnel syndrome, rotator cuff sprain and left lateral epicondylitis. Treatment included pain medications, neuropathic medications, cortisone injections, 8 sessions of physical therapy and restricted activity. On November 5, 2014, the injured worker underwent surgical carpal tunnel release of the right wrist. Currently, the injured worker complained of sharp pain that radiated from the shoulder down into her hand and wrist. She noted numbness and tingling in the median nerve of the right wrist with pain that radiated into her upper extremity. The treatment plan that was requested for authorization included 8 additional therapy visits for the right wrist. On December 23, 2014, a request for 8 additional therapy visits was modified to 4 additional sessions of therapy to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional therapy x8 visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: California MTUS postsurgical treatment guidelines indicate that there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to the maximum of 3-8 visits over 3-5 weeks. The injured worker has completed 8 visits of physical therapy and utilization review has certified an additional 4 visits with transition to a home exercise program. The guidelines do not support the request for additional 8 visits. As such, the medical necessity of the request has not been substantiated.