

Case Number:	CM15-0004055		
Date Assigned:	01/15/2015	Date of Injury:	04/21/2009
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 04/21/2009. The mechanism of injury was continuous trauma. The injured worker was noted to undergo multiple surgical interventions. The documentation of 09/11/2014 revealed the injured worker had bilateral wrist tendinitis with decreased grip strength and decreased sensation in the bilateral hands. There was noted to be tenderness in the right forearm. The bilateral wrists revealed a positive Phalen's and reverse Phalen's sign with decreased grip strength, distal radial tenderness, and decreased 2 point discontinuation. The request was made for a left carpal tunnel release and a left 3rd digit trigger finger release and therapy. The diagnoses included wrist tendinitis and bursitis, lateral epicondylitis, and trigger finger. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 12 sessions left wrist and hand: 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.

Decision rationale: The California Postsurgical Treatment Guidelines indicate the treatment for carpal tunnel syndrome is 8 visits and the initial treatment is half the recommended number of visits, which would be 4 visits. The request for 12 physical therapy visits postoperatively would be excessive. Given the above, and the lack of documentation, the request for postoperative physical therapy 12 sessions left wrist and hand is not medically necessary.