

Case Number:	CM15-0007309		
Date Assigned:	01/26/2015	Date of Injury:	02/24/2014
Decision Date:	03/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/13/2015

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 41 year old male, who sustained an industrial injury on 2/24/14. The documentation noted that he was doing well however, on the other hand his left hand has been bothering him more and more. Numbness and tingling had been progressively increasing the left hand. On 11/4/2014 the injured worker had a left carpal tunnel release. The documentation noted that the injured worker denies numbness or tingling of the hand. The documentation noted on 11/21/2014, that he does have complaints of lower back pain and triggering of the right thumb. The diagnoses have included status post carpal tunnel release. According to the utilization review performed on 12/4/14, the requested Initial 16 post operative physical therapy visits for the left wrist has been modified to 4 postoperative therapy sessions. The documentation noted in utilization review that Physical therapy, 12 sessions, was requested per the physician note, although the request appears to be for 16 sessions. CA MTUS guidelines page 16 notes "Carpal tunnel syndrome (Implantable Cardioverter Defibrillator (ICD) 354.0) and CA MTUS Regulations chapter, post-surgical therapy guidelines page 16 were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 16 post operative physical therapy visits for the left wrist: Upheld

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

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

Decision rationale: The 41 year old patient is status post left carpal tunnel release on 11/04/14, as per the operative report. The request is for INITIAL 16 POST OPERATIVE PHYSICAL THERAPY VISITS FOR THE LEFT WRIST. The RFA for the request is dated 11/21/14, and the patient's date of injury is 02/24/14. As per progress report dated 10/17/14, prior to surgery, the patient had right carpal tunnel release three months ago, and rates his left hand pain at 4/10. The patient has been allowed to return to modified work, as per progress report dated 11/21/14. MTUS, page 15, recommends postsurgical treatment of 3-8 visits over 3-5 weeks. The postsurgical physical medicine treatment period is 3 months. In this case, the patient is status post left carpal tunnel release on 11/04/14, as per the operative report. The RFA for the case is dated 11/21/14, thereby indicating that the patient is within the post-operative time frame. In progress report dated 09/12/14, the treater requests for 12 post-operative physical therapy sessions for the left wrist prospectively. However, the RFA states that the request is for 16 sessions. Nonetheless, MTUS only allows for 3-8 visits in patients who have undergone carpal tunnel release. Hence, the request IS NOT medically necessary.