

Case Number:	CM15-0009662		
Date Assigned:	02/17/2015	Date of Injury:	07/17/2013
Decision Date:	04/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/16/2015

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: Orthopedic Surgery, Sports Medicine

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 32-year-old female who reported an injury on 09/16/2013. The mechanism of injury involved continuous trauma. The current diagnosis is status post left carpal tunnel release. The injured worker presented on 10/14/2014 for an orthopedic re-evaluation. Upon examination, there was a well healed incision with intact sensation. There was moderate grip strength weakness. Recommendations at that time included continuation of postoperative physical therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 Times A Week for 3 Weeks for The Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the

postsurgical physical medicine treatment recommendations. Postsurgical treatment following carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 6 sessions of postoperative physical therapy would exceed guideline recommendations. Additionally, it is unclear whether the injured worker has previously participated in a postoperative course of therapy. Documentation of objective functional improvement was not provided. Given the above, the request is not medically appropriate.