

Case Number:	CM15-0141060		
Date Assigned:	07/30/2015	Date of Injury:	02/18/2014
Decision Date:	08/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/21/2015

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:

This 35-year-old man sustained an industrial injury on 2-18-2014. The mechanism of injury is not detailed. Evaluations include an undated right wrist MRI. Diagnoses include tenosynovitis of the wrist, forearm pain, and right wrist extensor tendon injury. Treatment has included oral medications, spica brace, and occupational therapy. Physician notes dated 7-9-2015 show complaints of right elbow, right wrist, and right hand pain. Recommendations include continue occupational therapy and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy visits x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p carpal tunnel tendon release on 4/29/15 and has completed at least 12 post-operative PT visits. The Post-surgical treatment guidelines for post carpal tunnel release performed over 6 months ago may justify 3 to 5 visits over 4 weeks after

surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has completed 12 sessions certified without fading of treatment to an independent self-directed home program. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and unchanged chronic symptom complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not demonstrated specific limitations in ADLs, post-operative complications, extenuating circumstances or what objective measurable improvements are set from the additional physical therapy requests. The employee has received enough therapy sessions recommended for this post-surgical period. The additional post-op physical therapy visits x 12 is not medically necessary and appropriate.