

Case Number:	CM15-0144728		
Date Assigned:	08/06/2015	Date of Injury:	05/01/2013
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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: Family Practice

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 33 year old female, who sustained an industrial injury on 5-01-2013. Diagnoses include bilateral wrist tendinitis and insomnia. Treatment to date included a carpal tunnel release on the right on 2-12-2015 and on the left on 5-08-2015 followed by postoperative physical therapy. Per the Primary Treating Physician's Progress Report dated 5-26-2015, the injured worker was recovering from her carpal tunnel surgery on 5-08-2015 and doing fairly well. There was no major problem with the incision of the hand. Physical examination revealed a healed wound with no infection, Stitches were removed. The plan of care included physical therapy. Authorization was requested for an additional 12 sessions of postoperative physical therapy for the left wrist and right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension Postoperative Physical Therapy left wrist twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The MTUS guidelines allow for 3-8 sessions of physical therapy status post carpal tunnel release. In this case, the patient is status post carpal tunnel release on the right on 2-12-2015 and on the left on 5-08-2015 followed by physical therapy treatments. The MTUS guidelines also state that patients are to be instructed in a home exercise program and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be participating in a home exercise regimen. In addition, the request for 12 sessions of therapy exceeds the amount recommend by the MTUS guidelines. The request for Extension Postoperative Physical Therapy left wrist twelve sessions is not medically necessary and appropriate.

Extension Postoperative Physical Therapy, right wrist, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The MTUS guidelines allow for 3-8 sessions of physical therapy status post carpal tunnel release. In this case, the patient is status post carpal tunnel release on the right on 2-12-2015 and on the left on 5-08-2015 followed by physical therapy treatments. The MTUS guidelines also state that patients are to be instructed in a home exercise program and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be participating in a home exercise regimen. In addition, the request for 12 sessions of therapy exceeds the amount recommend by the MTUS guidelines. The request for Extension Postoperative Physical Therapy left wrist twelve sessions is not medically necessary and appropriate.