

Case Number:	CM15-0161083		
Date Assigned:	08/27/2015	Date of Injury:	06/02/2014
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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 is a 40 year old male with a June 2, 2014 date of injury. A progress note dated July 21, 2015 documents subjective complaints (doing well overall, eight days postoperative), objective findings (some numbness in the right hand; moderate ecchymosis), and current diagnoses (status post right carpal tunnel release; diffuse right arm pain with hypersensitivity). Treatments to date have included right carpal tunnel release with right ulnar nerve decompression, wrist splinting, and medications. The treating physician documented a plan of care that included twelve sessions of physical therapy for the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right wrist and hand 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient was injured on 06/02/14 and presents with right hand numbness and diffuse right arm pain. The request is for PHYSICAL THERAPY FOR THE RIGHT WRIST

AND HAND 12 VISITS. There is no RFA provided and the patient is temporarily totally disabled. The patient is status post carpal tunnel release (07/31/15). MTUS Post-Surgical Guidelines, Carpal Tunnel Syndrome, page 15 states that 3-8 visits over 3-5 weeks is recommended for carpal tunnel syndrome. The post-surgical time frame is 3 months. The patient has some numbness in the right hand and moderate ecchymosis. He is diagnosed with status post right carpal tunnel release and diffuse right arm pain with hypersensitivity. Given that the patient has not yet had any physical therapy for the recent carpal tunnel release, the request appears reasonable. However, the requested 12 visits of physical therapy exceeds the 3-8 visits recommended by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.