

Case Number:	CM15-0165373		
Date Assigned:	09/02/2015	Date of Injury:	07/10/2013
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 7-10-13. She reported pain in the neck, right shoulder, and low back. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included physical therapy, an open right carpal tunnel release on 6-29-15 and medication including Ibuprofen and Tramadol. Physical examination findings on 4-3-15 included a positive Tinel and Phalen signs in the right wrist. Pinprick sensation was normal and motor exam and reflexes were normal. Currently, the injured worker complains of pain and numbness in the right hand and fingers. The treating physician requested authorization for postoperative physical therapy 2x6 for the right wrist and hand. On 8-12-15, the request was non-certified; the utilization review physician noted "the submitted data does not document a detailed physical examination of the wrist and hand. There is also no information on the number of prior therapy sessions, the type of therapy provided, and quantitative measurements of the range of motion, strength and function following the therapy." Therefore based on a lack of clinical evidence and the guidelines the requested therapy is neither appropriate nor warranted."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2xwk x 6wks Right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The claimant sustained a work injury in July 2013 and underwent an open right carpal tunnel release on 06/29/15 with electrodiagnostic testing showing findings of mild right carpal tunnel syndrome. Being requested is authorization for postoperative physical therapy. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of post-operative therapy visits is in excess of accepted guidelines and what would be needed to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.