

Case Number:	CM15-0190666		
Date Assigned:	10/02/2015	Date of Injury:	05/20/2013
Decision Date:	11/24/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 5-20-2013. She reported developed pain and numbness to bilateral wrists-hands, and injury to the shoulders from repetitive trauma. Diagnoses include bilateral carpal tunnel syndrome, status post left carpal release in 2013, status post right carpal tunnel release on 8-11-15. Treatments to date include activity modification, wrist brace, medication therapy, physical therapy, and cortisone injection. Currently, she complained of right wrist pain post-surgically, rated 9 out of 10 VAS. On 8-20-15, the physical examination documented instability and weakness to the wrist. X-ray imaging obtained on this date revealed no acute findings. The plan of care included post-operative physical therapy, Norco, and a wrist brace. The appeal requested authorization for twelve (12) post-operative physical therapy sessions, twice a week for six weeks. The Utilization Review dated 8-31-15, modified this request to allow eight (8) post-operative physical therapy sessions over three to five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy right wrist 2 x 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS post-surgical treatment guidelines for carpal tunnel syndrome recommend at most 8 PT or OT visits over 5 weeks. These guidelines state specifically that there is minimal evidence to justify significant PT or OT after this surgery, that benefits need to be documented after the first week, and that prolonged therapy visits are not supported. Thus the treatment guidelines would require very specific and well-reasoned clinical decision-making to support additional therapy exceeding these guidelines; such a rationale has not been provided in this case. This request is not medically necessary.