

Case Number:	CM15-0192450		
Date Assigned:	10/06/2015	Date of Injury:	08/23/2013
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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: Emergency Medicine

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 female with a date of industrial injury 8-23-2013. The medical records indicated the injured worker (IW) was treated for cervical radiculopathy, carpal tunnel syndrome, wrist pain and de Quervain's tenosynovitis. In the progress notes (8-10-15), the IW reported wrist and hand pain rated 5 to 8 out of 10. She did not have much neck pain. Medications were Gabapentin, Ibuprofen, Voltaren gel and Trazadone. Progress notes on 7-20-15 and 8-31-15 stated the IW had numbness and tingling in the bilateral hands. On examination (8-10-15 notes), grip strength was decreased bilaterally. Treatments included bracing, which was helpful, injections and home exercise. Electrodiagnostic testing on 1-13-14 was consistent with bilateral median neuropathy at the wrist and bilateral chronic cervical polyradiculopathy affecting multiple nerve roots. She was awaiting carpal tunnel release surgery. A Request for Authorization dated 8-31-15 was received for postoperative physical therapy, 24 visits. The Utilization Review on 9-21-15 modified the request for postoperative physical therapy, 24 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy (PT) x 24: Upheld

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

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

Decision rationale: Patient has noted approval for carpal tunnel release. As per MTUS Postsurgical guidelines, a maximum of 8 physical therapy sessions are recommended for post carpal tunnel surgery. The request for 24 PT sessions is excessive and not medically necessary.