

Case Number:	CM15-0196258		
Date Assigned:	10/09/2015	Date of Injury:	10/01/2014
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii

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 56 year old female who sustained an industrial injury on 10-1-14. A review of the medical records indicates she is undergoing treatment for carpal tunnel syndrome and pain in joint of the forearm. She is status post left carpal tunnel release on 8-11-15. Medical records (8-19-15) indicate complaints of "dull aching pain" of the left wrist. She rates the pain "3 out of 10". The record indicates that she presents to the office for her initial postoperative examination of her left wrist. The objective findings include weakness and limited range of motion. X-rays show "no increase of osteoarthritis". The treatment plan is for postoperative physical therapy three times a week for four weeks to regain strengthening and stability of the left wrist. The utilization review (9-14-15) indicates modification of the request to a quantity of 4 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 left wrist 3x4: 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 patient presents with dull aching pain in the left wrist with weakness and limited range of motion. The current request is for 12 post-op physical therapy sessions for the left wrist. The UR dated 9/10/15 modified the request to 4 sessions of physical therapy. The patient is status post left carpal tunnel release on 8/11/15. The patient has attended four post-op PT sessions to date. The treating physician states 8/19/15 (33B) "we are requesting authorization for a post-operative physical therapy program of 3 times a week for 4 week to regain strengthening and stability for the left wrist." MTUS Post-Surgical Treatment Guidelines state, "Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. postsurgical physical medicine treatment period: 3 months." The Post-Surgical MTUS Guidelines recommend a total of up to 8 post-surgical treatments over 12 weeks. In this case, the patient previously attended 4 post-operative physical therapy sessions. The request for an additional 12 sessions would exceed the MTUS recommend number of 8 total sessions for this diagnosis. The current request is not medically necessary.