

Case Number:	CM15-0196893		
Date Assigned:	10/12/2015	Date of Injury:	01/10/2014
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
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

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 45 year old male, who sustained an industrial injury on 1-10-14. Medical records indicate that the injured worker is undergoing treatment for carpal tunnel syndrome of the left hand and trigger finger left thumb. The injured workers current work status was not identified. On (7-22-15) the injured worker was noted to be six days post-operative left carpal tunnel release. Objective findings noted the incision to be normal and no unusual findings. Treatment and evaluation to date has included medications, physical therapy (May of 2015 # 6) and a carpal tunnel release (7-16-15). A current medication list was not provided in the medical records. Current treatment request is for post-operative physical therapy 2 times a week for 6 weeks # 12. The Utilization Review documentation dated 9-16-15 modified the request to post-operative physical therapy 4 sessions (original request # 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2 times a week for 6 weeks Qty: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand - Physical/occupational therapy guidelines.

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

Decision rationale: Review indicates the patient is s/p left carpal tunnel release on 7/16/15 without noted complications. Clinical report noted normal exam findings with patient healing well. The Post-surgical treatment guidelines for post carpal tunnel release performed over 4 months ago may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has been authorized with 4 sessions without fading of treatment to an independent self-directed home program. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of specific limitations in ADLs, post-operative complications, extenuating circumstances to support for 12 PT sessions requested beyond guidelines criteria. The employee has received enough therapy sessions recommended for this post-surgical period. The Post op physical therapy 2 times a week for 6 weeks Qty: 12.00 is not medically necessary and appropriate.