

Case Number:	CM15-0205857		
Date Assigned:	10/22/2015	Date of Injury:	08/20/2009
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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 54 year old female, who sustained an industrial injury on 8-20-09. The injured worker was diagnosed as having status post right carpal tunnel release. Treatment to date has included right carpal tunnel release on 9-10-15, acupuncture, right shoulder surgery in 2010, left wrist surgery in 2010, physical therapy for the left wrist and right shoulder, and medication including Aspirin, Gabapentin, and Hydrocodone. On 4-24-15, the injured worker complained of wrist pain. On 10-9-15, the treating physician requested authorization for physical therapy for the right wrist x12. On 10-15-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Wrist for 12 Visits (2x week x6 weeks): 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 pain affecting the right wrist. The current request is for Physical Therapy for the right wrist for 12 visits (2x week x6 weeks). The requesting

treating physician report was not found in the documents provided for review. MTUS-PSTG supports physical medicine (physical therapy and occupational therapy) 3-8 sessions for carpal tunnel syndrome. The MTUS guidelines only provide a total of 3-8 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior postoperative physical therapy for the right wrist. The patient is status right carpal tunnel release on 9/10/15 (26B). In this case, the current request of 12 visits exceeds the recommendation of 3-8 visits as outlined by the MTUS-PST guidelines. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.