

Case Number:	CM15-0024366		
Date Assigned:	02/17/2015	Date of Injury:	10/24/2008
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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: Orthopedic Surgery

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 49-year-old female, with a reported date of injury of 10/24/2008. The diagnoses include left carpal tunnel syndrome. Treatments have included electrodiagnostic studies of the left upper extremity on 01/15/2015, cortisone injection, and wrist brace. The progress report dated 01/02/2015 indicates that the injured worker complained of left hand and wrist pain. There was numbness and tingling in the left hand with repetitive use, holding the phone, gripping, driving, and eating. The injured worker had been dropping things. The physical examination showed that there was no tenderness over the wrist flexor tendon, positive Tinel's sign over the carpal tunnel, a positive Phalen's test, no evidence of intrinsic or thenar weakness or atrophy, no tenderness over the remainder of the hand or wrist, and decreased sensitivity to light touch in the thumb and index finger. The report discussed occupational therapy. The report from which the request originates was not included in the medical records provided for review. The treating physician requested four post-operative physical therapy sessions. On 01/29/2015, Utilization Review (UR) denied the request for four post-operative physical therapy sessions for the left wrist. The UR physician noted that the requested number of visits exceeds the recommended initial course. The MTUS Postsurgical Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy twice (2) per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3-month period is authorized. In this case, the request exceeds 1/2 of the initially allowed visits of 4. Therefore, the determination is for non-certification.