

Case Number:	CM15-0031670		
Date Assigned:	02/25/2015	Date of Injury:	07/21/2014
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 (IW) is a 22 year old male, who sustained an industrial injury on 07/21/2014. He reported right wrist pain with weakness and loss of dexterity. He also complained of lateral medial elbow pain on the right. In his first examination, the injured worker was diagnosed as having right carpal tunnel syndrome with lateral epicondylitis in the right elbow. Treatment to date has included x-rays, medications for pain, and counseling. Surgery is recommended and requests for the following were submitted. Right carpal tunnel release ,injection of the surgical area; PA-C assistant, intraoperative coaptation splints, Post-op oral Vicodin 5/300mg #40, Post-op occupational therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient is a 22 year old male who was certified for right carpal tunnel release. Post-operative physical therapy is medically necessary based on the following guidelines: 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. Thus, 12 visits would exceed the guidelines and should not be considered medically necessary.