

Case Number:	CM15-0031959		
Date Assigned:	02/25/2015	Date of Injury:	10/29/2011
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/20/2015

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
 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 57 year old female, who sustained an industrial injury on 10/29/2011. She has reported subsequent wrist and hand pain and was diagnosed with status post right trigger thumb release with residual adhesion and possible flexion contracture, tendinitis of second dorsal compartment and right carpal tunnel syndrome. Treatment to date has included oral pain medication, splinting and physical therapy. In a progress note dated 11/20/2014, the injured worker complained of right thumb pain with loss of extension and numbness and paresthesia in the right hand. Objective physical examination findings were notable for hypoesthesia of the ulnar and median innervated digits, positive Tinel's and Phalen's tests on the right side, tenderness of the dorsal compartment of the wrist and tenderness of the flexor tendon of the thumb. Documentation notes that the injured worker was planned to undergo carpal tunnel release surgery. A request for authorization of post-operative physical therapy was made. On 02/14/2015, Utilization Review modified a request for 12 sessions of post-operative physical therapy of the right wrist to 4 sessions, noting that given the type of surgery performed and the guidelines, 4 visits is appropriate. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of post operative physical therapy to the right wrist: 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: Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. From the submitted records of 11/20/14, the request exceeds the recommended visits. Therefore, the determination is for non-certification.