

Case Number:	CM15-0034764		
Date Assigned:	03/03/2015	Date of Injury:	02/04/2014
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old male, who sustained an industrial injury on 02/04/2014. The diagnoses have included status post right carpal tunnel release on 10/08/2014. Noted treatments to date have included right carpal tunnel release surgery and medications. Diagnostics to date have included electromyography/nerve conduction studies on 01/23/2015 demonstrated minimal/slight right carpal tunnel syndrome per progress note. In the same progress note dated 02/02/2015, the injured worker presented with complaints of numbness in his thumb, index finger, and middle finger of the right hand. The treating physician reported requesting two times four visits of physical therapy for work hardening of the right hand. Utilization Review determination on 02/13/2015 non-certified the request for Physical Therapy 8 Visits (2 x/week x 4 weeks) to right hand citing Medical Treatment Utilization Schedule Post Surgical Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 visits (2 times a week for 4 weeks) to right hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand, Physical Therapy.

Decision rationale: The official disability guidelines recommends up to eight visits of postoperative physical therapy for the hand after a carpal tunnel release. According to the most recent progress note dated February 16, 2015, the injured employee has previously received postoperative physical therapy for his hand after carpal tunnel release surgery and symptoms are stated to be unchanged. A request for occupational therapy was made however it is unclear what previous therapy was rendered for the hand and what different or additional treatment can be provided by occupational therapy and why this may be beneficial. Without this clarification, this request for eight physical therapy visits for the right hand is not medically necessary.