

Case Number:	CM15-0040057		
Date Assigned:	03/10/2015	Date of Injury:	07/15/2014
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 52 year old female who sustained an industrial injury on 7/15/14 involving her right hand. She currently complains of mild pain in the area of the incision on her right hand and heat sensation in the symptomatic area. She takes Tramadol as needed for pain. No pain level was available. Diagnosis is right carpal tunnel release (10/20/14). Treatments to date include medications which help with pain, occupational therapy and physical therapy which with pain and movement. No diagnostics were available. In the progress note dated 1/16/15 the treating physician's plan of care includes physical therapy to maintain range of motion and strength progression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy (outpatient), 2 times weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This patient has a date of injury of July 15, 2014 status post carpal tunnel release on October 20, 2014. The request for authorization is dated December 9, 2014. The current request is for postoperative physical therapy outpatient two times weekly for six weeks. Review of the medical file indicates the patients received 24 postoperative physical therapy sessions between October, November and December 2014. The treating physician states that the patient continues to complain of pain with prolonged activity. There is no rationale provided for the request for additional physical therapy. According to physical therapy reports, the patient reports decrease in pain, and he is able to tolerate gripping. It was noted that the patient is doing better and has less tenderness. In this case, the treating physician does not discuss why the patient is unable to transition into a self-directed home exercise program. Furthermore, the request for additional 12 sessions exceeds what is recommended by MTUS. MTUS Guidelines page 15 allow for 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical time frame is 3 months. This request IS NOT medically necessary.