

Case Number:	CM15-0045560		
Date Assigned:	03/17/2015	Date of Injury:	09/07/2013
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male, who sustained an industrial injury on 09/07/2013. He reported an injury to his left hand. The injured worker is currently diagnosed as having right carpal tunnel syndrome status post carpal tunnel release and history of left carpal tunnel release on 02/02/2014. Treatment to date included a wrist brace, physical therapy, right carpal tunnel release surgery, and medications. In a progress note dated 01/20/2015, the injured worker presented 12 days status post right carpal tunnel release and stated he was doing well. The treating physician reported the incision was healed, removed the injured worker's sutures, and recommended starting physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3xwk x 2wks Right wrist/hand: Overturned

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

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

Decision rationale: The claimant is more than one year status post work-related injury and underwent a left carpal tunnel release and had post-operative physical therapy. As of 10/14/14 he had completed 8 treatments. He underwent a right carpal tunnel release on 01/08/15. Post-surgical treatment guidelines following this surgery for up to 8 visits over 3-5 weeks with a treatment period of 3 months. In this case the number of visits requested is consistent with that recommended and are medically necessary.