

Case Number:	CM15-0045588		
Date Assigned:	03/18/2015	Date of Injury:	06/17/2013
Decision Date:	04/23/2015	UR Denial Date:	02/16/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 53 year old female with an industrial injury dated June 17, 2013. The injured worker diagnoses include bilateral carpal tunnel syndrome, status post left carpal tunnel release on 10/13/2014, and status post right carpal tunnel release and median nerve block on 12/16/2014. Treatment consisted of diagnostic studies, prescribed medications, occupational therapy and periodic follow up visits. In a progress report dated 12/15/2014, the injured worker presented with numbness and tingling and weakness in her right median nerve of her fingers of the hand. The injured worker underwent a carpal tunnel release of the right side the following day. The treating physician is requesting post-operative physical/occupational therapy for the right wrist now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical/occupational therapy right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Post op physical/occupational therapy right wrist is not medically necessary per the MTUS Guidelines. The MTUS states that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 8 visits maximum. The benefits need to be documented after the first week, and prolonged therapy visits are not supported. Per documentation on 11/21/14 the patient already had 8 post op visits of OT certified for the right wrist. The documentation does not indicate extenuating circumstances that would require additional therapy. Furthermore, the request as written does not specify a quantity. Therefore, the request for post op physical/occupational therapy right wrist is not medically necessary.