

Case Number:	CM15-0046233		
Date Assigned:	03/18/2015	Date of Injury:	07/24/2013
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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, 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:

This 27 year old female sustained an industrial injury to the right wrist on 7/24/13. The injured worker was diagnosed with right carpal tunnel syndrome. The injured worker underwent right carpal tunnel release on 8/25/14. Additional treatment included medications and modified work duty. In a workers compensation evaluation dated 12/12/14, the injured worker complained of ongoing soreness, pain and disability to the right hand. The injured worker was currently working two hours per day to minimize the amount of typing and word processing she was doing. The physician noted that the injured worker was exhibiting a slow progression of improvement. Physical exam was remarkable for positive Tinel's sign with diminished sensation in the thumb area and a portion of the long finger. The physician's impression was continued nerve irritability. The treatment plan included continuing Gabapentin and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy x6 for 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): 15.

Decision rationale: Regarding the request for physical therapy, CA MTUS recommends 3-8 visits following surgical treatment of CTS. Within the documentation available for review, there is documentation of completion of 8 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.