

Case Number:	CM15-0054034		
Date Assigned:	03/27/2015	Date of Injury:	05/14/2013
Decision Date:	05/18/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/21/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old female who reported an injury on 05/14/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical sprain, right shoulder strain, left shoulder strain, status post right carpal tunnel release on 10/25/2014, status post left carpal tunnel release on 04/26/2014, right elbow sprain and left elbow sprain. The only physician progress report submitted for this review is documented on 12/19/2014. The injured worker presented for a follow-up evaluation with complaints of pain and swelling to right wrist. Upon examination, there was tenderness to palpation over the right wrist with multiple well-healed incisions. Range of motion was documented at 20 degree flexion and 10 degree extension. There was slight swelling noted as well. Recommendations included continuation of postoperative physical therapy 3 times per week for 6 weeks as well as a refill of Anaprox 550 mg and Prilosec 20 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 x 6 right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. It is noted that the injured worker is status post carpal tunnel release. The physical medicine treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 18 sessions of postoperative physical therapy would exceed guideline recommendations. There was also no documentation of the initial course of postoperative physical therapy with evidence of objective functional improvement to support the necessity for additional treatment. Given the above, the request is not medically necessary.