

Case Number:	CM15-0086749		
Date Assigned:	05/11/2015	Date of Injury:	11/02/2012
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on 11/2/12. The injured worker was diagnosed as having bilateral median neuropathy, status right knee arthroscopy, left knee pain and low back pain with bilateral lower extremity symptoms. Treatment to date has included oral medications, physical therapy, TENS unit and home exercise program. Currently, the injured worker complains of right wrist/hand pain rated 7/10, low back pain with left greater than right lower extremity symptoms rated 5/10 and left knee pain rated 5/10. The injured worker noted medications improved activity and function with improved range of motion and greater tolerance to exercise and adherence to recommended activity level and physical therapy provided diminution in pain and improved strength. The treatment plan for the date of service 2/6/15 included extension of window of opportunity for right carpal tunnel release, continuation of TENS unit and dispensing of Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy right wrist 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: The MTUS addresses post operative PT or OT in carpal tunnel release cases. The MTUS states that the evidence may justify 3 to 5 visits over four weeks after surgery, up to the maximum of 8 visits over 3-5 weeks. Utilization review modified the request in this case for therapy to 8 visits, which is a reasonable decision based on the guidelines. Therefore, the initial request for 12 sessions of therapy in this case is not considered medically necessary based on the guidelines and lack of compelling evidence for additional therapy without evaluation for treatment efficacy prior to additional treatment. Therefore the request is not medically necessary.