

Case Number:	CM15-0088213		
Date Assigned:	05/12/2015	Date of Injury:	10/20/2006
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/07/2015

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(n) 59-year-old female, who sustained an industrial injury on 10/20/06. She reported injury to her left wrist due to lifting a heavy object. The injured worker was diagnosed as having left carpal tunnel syndrome. Treatment to date has included an EMG study and oral pain medications. On 3/24/15, the injured worker had left carpal tunnel release surgery. As of the PR2 dated 4/10/15, the injured worker reported swelling in the left wrist. She is 17 days post left carpal tunnel surgery. Objective findings include minimal swelling and tenderness. The injured worker is to continue to use the short arm splint for one more week and begin a course of hand therapy. The treating physician requested post-operative physical therapy for the left hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy left hand and 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.

Decision rationale: The claimant sustained a work-related injury in October 2006 and underwent an open left carpal tunnel release on 03/24/15. When seen for follow-up, there had been no complications after the surgery. Her pain was under control with medications. There were expected post-operative physical examination findings. Authorization for 12 therapy sessions was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 5 weeks with a post-operative period of three months. In this case, the claimant's surgery appears uncomplicated. The number of treatments is in excess of guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was therefore not medically necessary.