

Case Number:	CM13-0048144		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2008
Decision Date:	09/22/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female with a date of injury on 5/28/2008. This patient has suffered injuries to her wrists as well as the low back. She has complained of numbness and tingling in both hands as well as pain in the wrist and hands. She also suffers from back pain. She underwent left carpal tunnel release. She continued to complain of residual pain despite surgery. Right carpal tunnel decompression is planned for the future. The treating physician recommended physical therapy 2 times per week for 6 weeks for the left wrist on 6/18/2013. Subsequently the case was reviewed in October and the requested physical therapy visits were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS, FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 16.

Decision rationale: According to the MTUS guidelines, 3-8 visits of physical therapy over 3-5 week period are recommended for carpal tunnel syndrome as postsurgical care. Therefore,

additional physical therapy for 6 weeks is not recommended based on the review of medical records and the appropriate guidelines.