

Case Number:	CM14-0117105		
Date Assigned:	09/16/2014	Date of Injury:	08/18/2007
Decision Date:	10/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 32 years old male with an injury date on 08/18/2007. Based on the 07/10/2014 hand written progress report provided, the diagnoses are: 1. Cervical sprain/strain 2. Degenerative disc disease cervical 3. Status post right carpal tunnel release (06/27/2014) 4. Carpal tunnel syndrome left wrist According to this report, the patient complains of ongoing pain, swelling of the right wrist and neck pain. Tenderness is noted at bilateral wrist and cervical spine. The patient is status post right carpal tunnel releases on 06/27/2014. There were no other significant findings noted on this report. The utilization review denied the request on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post-op physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15.

Decision rationale: According to the 07/10/2014 report, this patient presents with ongoing pain, swelling of the right wrist and neck pain. The patient is status post right carpal tunnel release 06/27/2014. The treater is requesting 18 sessions of post-op physical therapy. The Utilization

review modified the request to 3 physical therapy sessions. Regarding post-op carpal tunnel release therapy treatments, syndrome, MTUS guidelines recommend 3-8 visits over 3-5 weeks. In this case, the requested 18 session of post-op exceed what is allowed by the guidelines. The request is not medically necessary.

Right wrist brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic); Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,265.

Decision rationale: According to the 07/10/2014 report, this patient presents with ongoing pain, swelling of the right wrist and neck pain. The patient is status post right carpal tunnel release 06/27/2014. The treater is requesting right wrist brace. Regarding wrist brace after carpal tunnel release (CTR), ACOEM Chapter 11 states "Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications." In this case, the requested wrist brace is supported by the guidelines.