

Case Number:	CM14-0117530		
Date Assigned:	09/23/2014	Date of Injury:	07/01/2011
Decision Date:	10/28/2014	UR Denial Date:	07/01/2014
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, 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 injured worker is a 37-year-old male who reported an injury on 07/01/2011. The mechanism of injury was not stated. The current diagnoses include right lateral epicondylitis and status post right carpal tunnel release. The injured worker was evaluated on 08/05/2014. Previous conservative treatment is noted to include epidural steroid injection, bracing, medication management, and physical therapy. The injured worker was status post right carpal tunnel release on 04/28/2014. The physical examination revealed weakness of the right hand/wrist and limited range of motion of the right elbow with tenderness over the lateral epicondyle. Treatment recommendations included additional physical therapy twice per week for 4 weeks. 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:

Additional Post-Op Physical Therapy 2x/ Week X4 Weeks To The Right Wrist (Or Elbow) Per 6/17/14: Upheld

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

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

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 therapy in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. It is noted that the injured worker was issued authorization for 8 sessions of postoperative physical therapy in 06/2014. The medical necessity for additional physical therapy has not been established. There is no documentation of objective functional improvement. An additional 8 sessions would exceed Guideline recommendations. Based on the clinical information received, the request is not medically appropriate.