

Case Number:	CM14-0118570		
Date Assigned:	08/06/2014	Date of Injury:	01/29/2013
Decision Date:	10/07/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/29/2014

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 Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on January 29, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 19 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, and bilateral wrist and hand pain. The physical examination demonstrated improved range of motion of the left wrist and hand. There was tenderness at the anterior aspect of the left shoulder and decreased cervical spine range of motion secondary to pain. Diagnostic nerve conduction studies revealed findings of bilateral carpal tunnel syndrome on the right greater than the left side. Previous treatment includes a left-sided carpal tunnel release and 12 sessions of physical therapy as well as the use of a TENS unit. A request had been made for additional physical therapy three times a week for four weeks for the left wrist and hand and was determined not medically necessary in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy, three times a week for four weeks, to the left wrist and hand.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18,.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines 3 to 8 visits of post-surgical therapy are recommended for a carpal tunnel release. Considering this, and that the progress note dated May 19, 2014, indicates improved range of motion and the ability to perform activities of daily living, this request for additional postoperative physical therapy three times a week for four weeks for the left wrist and hand is not medically necessary.