

Case Number:	CM14-0120611		
Date Assigned:	08/06/2014	Date of Injury:	11/01/2008
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery 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:

This claimant is a 62-year-old female who was injured in work related accident on 11/01/08. Review of clinical records indicate the claimant was with diagnosis of carpal tunnel syndrome for which a 01/22/14 right carpal tunnel release procedure took place. A 06/11/14 follow up report indicated the claimant was with continued complaints of pain about the right wrist since time of surgery and wished to hold off on contralateral left wrist surgery. Physical examination showed continued right sided sensory deficit to the right index finger and thumb. There is documentation that the individual has undergone twelve prior occupational therapy sessions for the right wrist since time of January surgery. There is a current request for twelve additional sessions of physical therapy following the claimant's right upper extremity carpal tunnel release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 = 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) postsurgical rehabilitative guidelines, twelve additional sessions of therapy would not be

indicated. Guidelines in regard to physical therapy following carpal tunnel surgery would support three to eight visits over a three to five week period of time. This individual has already undergone twelve prior sessions of physical therapy. An additional twelve sessions of therapy would exceed guideline criteria and would not be supported.