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| Case Number: | CM14-0132597 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 11/08/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 is a 57-year-old female injured in a work-related accident on 11/08/12 as a result of cumulative trauma. The clinical records available for review included the report of a Utilization Review determination dated 08/07/14 that authorized right carpal tunnel release surgery. In direct relationship to the claimant's right carpal tunnel release surgery, there is a request for twelve sessions of postoperative physical therapy. There is no other clinical information relevant to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative therapy x 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 MTUS Postsurgical Rehabilitation Guidelines, the request for twelve sessions of postoperative physical therapy would not be indicated. The Postsurgical Rehabilitative Guidelines recommend from three to eight sessions of physical therapy following a carpal tunnel release. The request for twelve sessions would exceed the guideline criteria. There is no documentation to support that the claimant's condition would be an

exception to the standard treatment guidelines. Therefore, twelve sessions of postoperative physical therapy is not medically necessary.

Post operative pain medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the request for "postoperative pain medication." The request is vague in that it does not identify the specific medication to be prescribed, the quantity or dosage to be provided. The lack of this clinical information would fail to support the postoperative request for "pain medication." The request is not medically necessary.