

Case Number:	CM14-0145768		
Date Assigned:	09/12/2014	Date of Injury:	10/01/2013
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 56-year-old female who was injured in a work related accident on 10/01/13. The clinical records provided for review documented a diagnosis of carpal tunnel syndrome that was confirmed by recent electrodiagnostic studies. The follow up office visit dated 08/19/14 documented positive physical examination findings of carpal tunnel syndrome and that the claimant had failed conservative care. There were surgical requests at that time for a right wrist carpal tunnel release, preoperative medical clearance and twelve sessions of postoperative physical therapy to be performed in the initial postoperative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 16 and 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Kulick, RG, Ortho Clinics of NA, 1996, Apr 27(2) pp345-53. Cook, AC, et al, J Hand Surg (Br), 1995, Apr 20(2) pp228-30

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines do not support the request for twelve sessions of postoperative physical therapy. The Postsurgical Guidelines

following carpal tunnel release recommend three to eight visits of therapy in the postoperative setting. The initial postoperative request of twelve sessions of physical therapy exceeds the Postsurgical Guideline recommendation and is not supported as medically necessary. There is no documentation in the records provided for review that indicates that the claimant would be an exception to the standard treatment guidelines.