

Case Number:	CM14-0157495		
Date Assigned:	09/30/2014	Date of Injury:	07/12/2012
Decision Date:	11/07/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/25/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 07/12/2012. The mechanism of injury involved repetitive activity. Current diagnoses include status post TFCC (Triangular Fibrocartilage Complex) repair on 02/21/2013 and right elbow fasciotomy. The injured worker was evaluated on 08/01/2014 with complaints of numbness and tingling in the right hand. The current medication regimen includes Norco and tramadol. Physical examination revealed diminished grip strength, positive Tinel's testing, and positive Phalen's and carpal compression tests. Treatment recommendations included a right carpal tunnel release with postoperative physical therapy. A Request for Authorization form was then submitted on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of post-operative physical therapy, 2 times per week for 4 weeks to the right wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270, 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome- Continuous Cold Therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 8 sessions of postoperative physical therapy exceeds guideline recommendations. Therefore, the request is not medically appropriate.