

Case Number:	CM14-0210814		
Date Assigned:	12/23/2014	Date of Injury:	06/07/2013
Decision Date:	02/19/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 37 years old female patient who sustained an injury on 6/7/2013. She sustained the injury due to repetitive motion. The current diagnoses include right carpal tunnel syndrome, mild overuse of right upper extremity and chronic pain syndrome. Per the doctor's note dated 10/15/2014, she was status post right carpal tunnel release and she had complaints of pain along the incision site. The physical examination revealed well healed incision, pain along the incision site with some swelling, weakness with grip strength and mild tenderness along the carpal tunnel. The medications list includes vicodin, gabapentin and flexeril. She has had EMG/NCS bilateral upper extremity dated 9/27/2013 which revealed mild bilateral carpal tunnel syndrome. She has undergone carpal tunnel release on 8/25/2014. She has had 12 physical therapy sessions pre operatively and TENS unit for this injury. Specific number of post operative physical therapy visits was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This request is for post op physical therapy after carpal tunnel surgery. Per the notes, the request was for 12 sessions of post op PT after carpal tunnel surgery. MTUS post-surgical guidelines recommend 3 to 8 post op visits over 3 to 5 weeks for this surgery. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." The request for 12 sessions is more than the recommended cited criteria. In addition, the specific number of post operative physical therapy visits completed prior to this request, along with the detailed response, was not specified in the records provided. Also the specific number of post op PT requested at this time, was also not clarified within the submitted request. The medical necessity of Post-operative Physical Therapy, as submitted, is not fully established for this patient at this time.