

Case Number:	CM14-0212710		
Date Assigned:	12/30/2014	Date of Injury:	09/16/2009
Decision Date:	03/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury on 9/16/09. Treatment has been for neck and bilateral wrist pain. She was ultimately diagnosed with bilateral carpal tunnel syndrome, the right wrist before the left. She underwent right carpal tunnel release surgery on 1/9/12. She is also undergone right epidural steroid injection C7-T1, trigger point injections and acupuncture. Pain medications include tizanidine, hydrocodone, Lidoderm and Celebrex. On 8/22/14 left carpal tunnel release surgery was recommended for mild left median sensory neuropathy at the wrist. Requested has been made for 12 physical therapy visits to the left wrist for post operative carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op Physical Therapy Left Wrist 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15-16.

Decision rationale: The injured worker is being treated for diagnosis of bilateral carpal tunnel syndrome status post carpal tunnel release surgeries performed on separate dates. For the diagnosis of carpal tunnel syndrome, MTUS guidelines recommends 3-8 visits over 3-5 weeks of post surgical physical medicine treatment. Request for 12 visits exceeds MTUS guidelines and is therefore not Medically necessary.