

Case Number:	CM15-0109309		
Date Assigned:	06/15/2015	Date of Injury:	05/04/2013
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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, Pain Management

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 53 year old male, who sustained an industrial injury on May 4, 2013. He reported right wrist pain and swelling. The injured worker was diagnosed as having severe carpal tunnel syndrome. Treatment to date has included diagnostic studies, wrist bracing, medications, home exercises and activity restrictions. Currently, the injured worker complains of continued right wrist and hand pain and swelling with associated weakness and tingling at night. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on May 20, 2015, revealed continued pain as noted. It was noted electrodiagnostic studies revealed moderate carpal tunnel on June 27, 2012 studies. It was noted he had been symptomatic for over three years. It was noted by the physician it would be an outpatient procedure and that surgical intervention was recommended. Post-operative physical therapy for the right wrist was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 3xwk x 4Wks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: Regarding the request for physical therapy, CA MTUS supports up to 8 sessions after carpal tunnel surgery, with half that amount recommended initially. Within the documentation available for review, while postoperative therapy would be appropriate, the requested number of sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the request to allow for an appropriate number of sessions. In light of the above issues, the currently requested physical therapy is not medically necessary.