

Case Number:	CM15-0011140		
Date Assigned:	01/29/2015	Date of Injury:	04/20/2012
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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, Arizona
 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 is a 53-year-old female who reported an injury on 04/20/2012. The injury reportedly occurred when she was lifting and carrying buckets of chemicals. She is diagnosed with right carpal tunnel syndrome and underwent right carpal tunnel release on 09/11/2014. At her followup appointment on 12/17/2014, the injured worker reported right wrist pain, rated 8/10, with radiation to the elbow and numbness in the hands and fingers. Physical examination revealed swelling and decreased range of motion with 130 degrees flexion, 0 degrees of extension, 30 degrees of dorsiflexion, and 30 degrees volar flexion. A recommendation was made for physical therapy. However, a specific rationale for this recommendation was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the right wrist (3x4): Upheld

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

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

Decision rationale: According to the submitted documentation, the injured worker underwent a right carpal tunnel release on 09/11/2014, and was previously certified for 12 postoperative physical therapy visits. The California MTUS Guidelines state that up to 8 postoperative physical therapy visits are recommended after carpal tunnel release. The documentation submitted for review did not provide evidence that the injured worker has completed the previously authorized postoperative physical therapy visits, and that she had objective functional improvement with those visits. In addition, there was no documentation of exceptional factors to warrant additional physical therapy beyond 12 postoperative physical therapy visits, as the guidelines specify that only 8 visits are recommended after the injured worker's procedure. For these reasons, the request is not medically necessary.